

**FEC  
FORM 3X**

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

Office Use Only

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

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

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

C00008639 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

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

5. Covering Period 11 01 2001 through 11 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 12 17 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.

**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: <sup>W</sup> 11 <sup>D</sup> 01 <sup>Y</sup> 2001 To: <sup>W</sup> 11 <sup>D</sup> 30 <sup>Y</sup> 2001

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <sup>W</sup> <sup>Y</sup> 2001  |                         | 294666.64                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 402223.19               |                                   |
| (c) Total Receipts (from Line 19) .....  | 19752.57                | 240757.12                         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 421975.76               | 535423.76                         |
| 7. Total Disbursements (from Line 30) .....  | 32500.00                | 145948.00                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 389475.76               | 389475.76                         |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (itemize all on<br>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>MM</sup>11 <sup>DD</sup>01 <sup>YYYY</sup>2001

To: <sup>MM</sup>11 <sup>DD</sup>30 <sup>YYYY</sup>2001

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 11080.00                      |                                   |
| (ii) Unitemized .....  | 7003.00                       |                                   |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 18083.00                      | 230871.58                         |
| (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) .....     | 18083.00                      | 230871.58                         |
| 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                          | 1000.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 1669.57                       | 8885.54                           |
| 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) .....                             | 19752.57                      | 240757.12                         |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) .....                                       | 19752.57                      | 240757.12                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>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                          | 11523.00                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 0.00                          | 11523.00                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 32500.00                      | 133575.00                         |
| 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                          | 750.00                            |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶        | 32500.00                      | 145948.00                         |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶                  | 32500.00                      | 145948.00                         |
| <hr/>  |                               |                                   |
| <b>III. Net Contributions/Operating Expenditures</b>   |                               |                                   |
| 32. Total Contributions (other than loans) from Line 11(d), page 3).....                       | 18083.00                      | 230871.58                         |
| 33. Total Contribution Refunds (from Line 28(d)).....  | 0.00                          | 100.00                            |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....                  | 18083.00                      | 230771.58                         |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶             | 0.00                          | 11523.00                          |
| 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                          | 11523.00                          |

**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 / 25                  |                             |
|  | <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. John P. Calcesters**

Mailing Address  
2D12 8th Ct. S.

City State Zip Code  
Birmingham AL 35205-2799

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Birmingham Podiatry, P.C. Podiatrist

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

Transaction ID: 5218799

Full Name (Last, First, Middle Initial)  
**B. Dr. Rick Siegel**

Mailing Address  
2759 Elizabeth Lake Rd. #101

City State Zip Code  
Waterford MI 48328-3214

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 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: 5218800

Full Name (Last, First, Middle Initial)  
**C. Dr. Alfred Anthony Petho**

Mailing Address  
1000 Delbon Ave. #7

City State Zip Code  
Turlock CA 95362-2008

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 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: 5218802

**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 6 / 25                  |   |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)  
**A. Dr. D. Steven Ostendorf**

Mailing Address  
15587 Lockmaben Ave.  
City: Fort Myers State: FL Zip Code: 33812-3907

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 11 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer: Occupation: Podiatrist

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

Transaction ID: 5205802

Full Name (Last, First, Middle Initial)  
**B. Dr. Eugene R. Little, Jr.**

Mailing Address  
08429 Center Rd.  
City: New Knoxville State: OH Zip Code: 45871-9633

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 12 / 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: 5207088

Full Name (Last, First, Middle Initial)  
**C. Dr. Mark O. Ellis**

Mailing Address  
682 33rd St.  
City: Astoria State: OR Zip Code: 97103-2722

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 12 / 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: 5207346

**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 7 / 25                  |   |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Mailing Address  
12008 Remington Rd.  
City State Zip Code  
Oklahoma City OK 73170-4854

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 12 / 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: 5207082

Full Name (Last, First, Middle Initial)  
**B. Dr. Samuel Stuart Woodcock**

Mailing Address  
445 Warrior Trail  
City State Zip Code  
Enterprise FL 32725-2456

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 16 / 2001

Amount of Each Receipt this Period  
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 375.00

Transaction ID: 5218669

Full Name (Last, First, Middle Initial)  
**C. Dr. Rick F. Martin**

Mailing Address  
720 Aldinger Dr.  
City State Zip Code  
Dallastown PA 17315-9232

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 16 / 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: 5218666

**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 8 / 25

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. Bryan L. Cain

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
11 / 16 / 2001

1301 N.W. 75th

City State Zip Code

Lawton OK 73505-4205

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
Lawton Family Foot Clinic Podiatrist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 5218630

Full Name (Last, First, Middle Initial)

B. Dr. Gerald D. Paterson

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
11 / 18 / 2001

6627 Apollo Rd.

City State Zip Code

West Linn OR 97068-2807

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer Occupation  
Family Foot Clinic Podiatrist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 600.00

Transaction ID: 5282955

Full Name (Last, First, Middle Initial)

C. Dr. Alan R. Warren

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
11 / 19 / 2001

4445 Stoneview

City State Zip Code

West Bloomfield MI 48322-3497

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer Occupation  
Podiatrist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 300.00

Transaction ID: 5285941

**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 9 / 25                        |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Stephen I. Greenfogel**

Mailing Address  
9 Floral Dr.  
City: Randolph State: NJ Zip Code: 07860-2958

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 19 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer: Drs. Greenfogel & Sims Occupation: Podiatrist

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

Transaction ID: 5282851

Full Name (Last, First, Middle Initial)  
**B. Dr. Christian A. Roberazzi**

Mailing Address  
43 Douma Dr.  
City: Newton State: NJ Zip Code: 07860-1548

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 19 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer: Occupation: Podiatrist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Transaction ID: 5284314

Full Name (Last, First, Middle Initial)  
**C. Dr. Oliver S. Foster**

Mailing Address  
3756 Santa Rosalia Dr. #302  
City: Los Angeles State: CA Zip Code: 90008-3808

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 19 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer: Baldwin Hills Foot & Ankle Center Occupation: Podiatrist

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

Transaction ID: 5282844

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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 / 25                 |   |
|  | <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. David H. Sims

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 19 / 2001

Mailing Address  
5D Cherry Hill Rd.

City State Zip Code  
Parsippany NJ 07054-1113

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: 5285827

**B.** Full Name (Last, First, Middle Initial)  
Dr. Richard L. Hecker

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 19 / 2001

Mailing Address  
11283 Lakeview Pl.

City State Zip Code  
Mequon WI 53092-3501

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: 5282853

**C.** Full Name (Last, First, Middle Initial)  
Dr. Donald W. Huger

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 19 / 2001

Mailing Address  
1316 N. William

City State Zip Code  
River Forest IL 60305-1135

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: 5282807

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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 / 25                 |                             |
|  | <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. David P. Rosenzweig

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 10 / 2001

Mailing Address  
5 Blanchard Rd.

City State Zip Code  
Greenwich CT 6831

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Advanced Footcare Center Podiatrist

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

Transaction ID: 5284928

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gary S. Kaplan

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 10 / 2001

Mailing Address  
5824 Dunmore Dr.

City State Zip Code  
West Bloomfield MI 48322-1614

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: 5282912

**C.** Full Name (Last, First, Middle Initial)  
Dr. Norman S. Regal

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 10 / 2001

Mailing Address  
2706 St. Jude St.

City State Zip Code  
Greensboro NC 27405-3875

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Triad Foot Center, P.A. Podiatrist

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

Transaction ID: 5284158

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 25

(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. Robert M. Crapell

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
11 / 19 / 2001

7 Elskip Ln.

City State Zip Code

Greenwich CT 6831

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer Occupation

Podiatrist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 300.00

Transaction ID: 5282825

Full Name (Last, First, Middle Initial)

B. Dr. Gregory W. Bryan

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
11 / 19 / 2001

2508 Bert Kouns #204

City State Zip Code

Shreveport LA 71118-3175

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer Occupation

Podiatrist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 300.00

Transaction ID: 5282818

Full Name (Last, First, Middle Initial)

C. Dr. Eric Ward

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
11 / 19 / 2001

3607 Matthews Mint Hill Rd. #9

City State Zip Code

Matthews NC 28105-4129

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer Occupation

Podiatrist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 300.00

Transaction ID: 5285837

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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 / 25                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Ronald W. Huger

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 10 / 2001

Mailing Address  
1614 N. Harlem Ave.

City State Zip Code  
Elmwood Park IL 60707-4395

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Huger Foot & Ankle Specialists Podiatrist

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

Transaction ID: 5282804

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark A. Lutz

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 10 / 2001

Mailing Address  
6415 Greyridge Blvd.

City State Zip Code  
Indianapolis IN 46237-3145

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Greenwood Foot Clinic Podiatrist

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

Transaction ID: 5282914

**C.** Full Name (Last, First, Middle Initial)  
Dr. Alan Schram

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 10 / 2001

Mailing Address  
6096 Pickwood Ct

City State Zip Code  
West Bloomfield MI 48322-2218

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: 5285925

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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 14 / 25                 |   |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Howard M. Sokoloff**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 10 / 2001

Mailing Address  
5401 Norris Canyon Rd. #108

City State Zip Code  
San Ramon CA 94583-5406

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: 5285833

Full Name (Last, First, Middle Initial)  
**B. Dr. Lee Marshall Hoffman**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 10 / 2001

Mailing Address  
5840 Glen Eagles

City State Zip Code  
West Bloomfield MI 48323-2208

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: 5282858

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

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 20 / 2001

Mailing Address  
1205 N.E. 6th

City State Zip Code  
Bend OR 97701-4308

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) ▼ 525.00

Transaction ID: 5288455

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **725.00**

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

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

|  |   |                                    |                                    |                                   |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 15 / 25                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Michael L. Wacka**

Mailing Address  
1D Bristol Dr.  
City: Middletown State: NY Zip Code: 10941-5206

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 23 / 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: 5289655

Full Name (Last, First, Middle Initial)  
**B. Dr. Kenneth K. S. Mah**

Mailing Address  
14485 S.W. Allen Blvd. #101  
City: Beaverton State: OR Zip Code: 97005-4402

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 23 / 2001

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer: Occupation: Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 275.00

Transaction ID: 5289662

Full Name (Last, First, Middle Initial)  
**C. Dr. James E. Uels**

Mailing Address  
1327 Pressler Ct. S.  
City: Salem State: OR Zip Code: 97306-2165

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 23 / 2001

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer: Cascade Foot Center Occupation: Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 275.00

Transaction ID: 5289647

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

**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 / 25

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. E. Paul LeDoux

Mailing Address  
215 E. Choctaw #1 D5

City State Zip Code  
Mcalester OK 74501-5053

Date of Receipt  
N M / D E / Y Y Y Y  
11 23 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: 5289643

**B.** Full Name (Last, First, Middle Initial)  
Dr. Harold J. Sauder

Mailing Address  
417 N. 10th St. P.O. Box 372

City State Zip Code  
Independence KS 67301-3015

Date of Receipt  
N M / D E / Y Y Y Y  
11 23 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 5289655

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jerry Lind Hall

Mailing Address  
306 Linwood Ave.

City State Zip Code  
Goldsboro NC 27530-5824

Date of Receipt  
N M / D E / Y Y Y Y  
11 23 2001

Amount of Each Receipt this Period  
350.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Wayne Foot Specialists, P.C. Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 600.00

Transaction ID: 5289671

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**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 / 25                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Brian Crahead

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 23 / 2001

Mailing Address  
250 N.W. River Park Pl.

City State Zip Code  
Canby OR 97013-8146

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer OR Foot Specialists Occupation Podiatrist

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

Transaction ID: 5289670

**B.** Full Name (Last, First, Middle Initial)  
Dr. Darrel Duane Prins

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 23 / 2001

Mailing Address  
3D11 N.E. West Devils Lake Rd.

City State Zip Code  
Lincoln City OR 97367-5131

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Lincoln County Foot Health Center Occupation Podiatrist

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

Transaction ID: 5289650

**C.** Full Name (Last, First, Middle Initial)  
Dr. Rex Smith

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 23 / 2001

Mailing Address  
1060 Chambers St.

City State Zip Code  
Eugene OR 97402-3761

Amount of Each Receipt this Period  
5.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 254.00

Transaction ID: 5289645

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **305.00**

**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 / 25                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Ira R. Cohen**

Mailing Address  
20055 Pasco Luis

City State Zip Code  
Yorba Linda CA 92886-5702

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 25 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Belflower Downey Podiatry Group Podiatrist

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

Transaction ID: 5289730

Full Name (Last, First, Middle Initial)  
**B. Dr. Eliot Michael**

Mailing Address  
882 S.E. Oak St.

City State Zip Code  
Hillsboro OR 97123-4240

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 25 / 2001

Amount of Each Receipt this Period  
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Hillsboro Foot Clinic Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 325.00

Transaction ID: 5289700

Full Name (Last, First, Middle Initial)  
**C. Dr. Paul M. Greenman**

Mailing Address  
6000 Almond Ter.

City State Zip Code  
Plantation FL 33317-2504

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 26 / 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: 5290258

**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 19 / 25                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

Full Name (Last, First, Middle Initial)  
A. Dr. Kathryn Riffe

Mailing Address  
612 S. Brownsville St.

City State Zip Code  
Trenton TN 38382-2069

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 20 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Amount of Each Receipt this Period  
250.00

Transaction ID: 5296593

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

Mailing Address  
2109 Halderwood Ln.

City State Zip Code  
Knoxville TN 37922-6138

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 20 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Foot Group Podiatrist

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

Amount of Each Receipt this Period  
250.00

Transaction ID: 5296590

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>11080.00</b> |

**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 20 / 25                           |
|  | <input type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 | <input checked="" type="checkbox"/> 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.

Mailing Address  
17 W. Main Street

City State Zip Code  
Avon CT 06001-3717

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 30 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Advest, Inc.

Amount of Each Receipt this Period  
1669.57

Interest & Dividends

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ D.00

Transaction ID: 5355122

B.

C.

|  |   |                |
|--|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | <b>1669.57</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | <b>1669.57</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)

PAGE 21 / 25

|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <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)<br>A. Friends of Connie Morella                 |   | Date of Disbursement<br>11 / 12 / 2001             |
| Mailing Address<br>7315 Wisconsin Ave. 450W<br>City: Bethesda State: MD Zip Code: 20814 |   | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1,000.00   | 011<br>Category/<br>Type  |  |
| Candidate Name<br>Mrs. Constance A. Morella   |   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President         | Disbursement For:<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 5208838                            |
| State: MD District: 8   |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br>B. Friends of Dick Durbin            |   | Date of Disbursement<br>11 / 12 / 2001             |
| Mailing Address<br>P.O. Box 1949<br>City: Springfield State: IL Zip Code: 62706 |   | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$2,000.00                                       | 011<br>Category/<br>Type  |  |
| Candidate Name<br>Mr. Richard J. Durbin   |   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President | Disbursement For:<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 5208838                            |
| State: IL District: 20  |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br>C. Kaptur For Congress               |   | Date of Disbursement<br>11 / 12 / 2001             |
| Mailing Address<br>1841 Dority Rd<br>City: Toledo State: OH Zip Code: 43615     |   | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1,000.00                                       | 011<br>Category/<br>Type  |  |
| Candidate Name<br>Marcy Kaptur  |   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President | Disbursement For:<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 5208841                            |
| State: OH District: 8   |   |  |

|  |                |
|--|----------------|
| <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)

PAGE 22 / 25

|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <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)<br><b>A. Bill Thomas Campaign Committee</b>   |  | Date of Disbursement<br>11 / 19 / 2001             |  |
| Mailing Address<br>P.O. Box 395<br>City State Zip Code<br>Bakersfield CA 93302  |  | Amount of Each Disbursement this Period<br>1500.00 |  |
| Purpose of Disbursement<br>YTD:\$3,500.00   |  | 011<br>Category/<br>Type                           |  |
| Candidate Name<br>Mr. Bill Thomas   |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |  |
| State: CA      District: 21   | Transaction ID: 5286513  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Congressman Waxman Campaign Committee</b>  |  | Date of Disbursement<br>11 / 19 / 2001             |  |
| Mailing Address<br>8665 Wilshire Blvd. #220<br>City State Zip Code<br>Beverly Hills CA 90211                                      |  | Amount of Each Disbursement this Period<br>2500.00 |  |
| Purpose of Disbursement<br>YTD:\$2,500.00   |  | 011<br>Category/<br>Type                           |  |
| Candidate Name<br>Mr. Henry A. Waxman   |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |  |
| State: CA      District: 29   | Transaction ID: 5286514  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends of Senator Rockefeller</b>                           |  | Date of Disbursement<br>11 / 19 / 2001             |  |
| Mailing Address<br>236 MASSACHUSETTS AVENUE #310<br>City State Zip Code<br>Washington DC 20002                |  | Amount of Each Disbursement this Period<br>1000.00 |  |
| Purpose of Disbursement<br>YTD:\$4,500.00   |  | 011<br>Category/<br>Type                           |  |
| Candidate Name<br>Senator John D. Rockefeller, IV   |  |  |  |
| Office Sought:      House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |  |
| State: WV      District: 2  | Transaction ID: 5286517  |  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>5000.00</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)<br><b>A. Donald A. Manzullo For Congress</b>  |  | Date of Disbursement<br>11 / 19 / 2001             |  |
| Mailing Address<br>PO Box 7783<br>City State Zip Code<br>Rockford IL 61125  |  | Amount of Each Disbursement this Period<br>1000.00 |  |
| Purpose of Disbursement<br>YTD:\$1,000.00   |  | 011<br>Category/<br>Type                           |  |
| Candidate Name<br>Rep. Donald Manzullo  |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |  |
| State: IL      District: 16   | Transaction ID: 5286518  |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Republican Senatorial Campaign Committee</b>                          |   | Date of Disbursement<br>11 / 26 / 2001             |  |
| Mailing Address<br>320 First St., S.E.<br>City State Zip Code<br>Washington DC 20003                                   |   | Amount of Each Disbursement this Period<br>5000.00 |  |
| Purpose of Disbursement<br>YTD:\$5,000.00  |   | 011<br>Category/<br>Type                           |  |
| Candidate Name   |   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |  |
| State:      District: 0  | Transaction ID: 5352585   |  |  |

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|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Democratic Senatorial Campaign Committee</b>                          |   | Date of Disbursement<br>11 / 26 / 2001             |  |
| Mailing Address<br>430 S. Capitol Street<br>City State Zip Code<br>Washington DC 20003                                 |   | Amount of Each Disbursement this Period<br>5000.00 |  |
| Purpose of Disbursement<br>YTD:\$5,000.00  |   | 011<br>Category/<br>Type                           |  |
| Candidate Name<br>DSCC   |   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |  |
| State:      District: 0  | Transaction ID: 5352588   |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>11000.00</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)<br><b>A. Congressman Bart Gordon Committee</b>  |  | Date of Disbursement<br>11 / 26 / 2001            |
| Mailing Address<br>P.O. Box 2008<br>City Murfreesboro State TN Zip Code 37033   |  | Amount of Each Disbursement this Period<br>500.00 |
| Purpose of Disbursement<br>YTD:\$500.00   |  | 011<br>Category/<br>Type                          |
| Candidate Name<br>Mr. Bart Gordon   |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |   |
| State: TN      District: 8  | Transaction ID: 5352584  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Peter Deutsch for Congress</b>   |  | Date of Disbursement<br>11 / 26 / 2001             |
| Mailing Address<br>UNIT 911      P. O. Box 817889<br>City Tamarac State FL Zip Code 33081   |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1,000.00   |  | 011<br>Category/<br>Type                           |
| Candidate Name<br>Mr. Peter Deutsch   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |
| State: FL      District: 20   | Transaction ID: 5352554  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends of Jim Maloney</b>   |  | Date of Disbursement<br>11 / 26 / 2001             |
| Mailing Address<br>20 E. Main Street, Ste 235<br>City Waterbury State CT Zip Code 06702   |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1,500.00   |  | 011<br>Category/<br>Type                           |
| Candidate Name<br>Mr. Jim Maloney   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |
| State: CT      District: 6  | Transaction ID: 5352572  |  |

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|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>2500.00</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)<br><b>A. Democratic Congressional Campaign Committee</b> |  | Date of Disbursement<br>11 / 26 / 2001             |
| Mailing Address<br>2nd Floor<br>City<br>Washington<br>State<br>DC<br>Zip Code<br>20003           |  | Amount of Each Disbursement this Period<br>5000.00 |
| Purpose of Disbursement<br>YTD:\$5,000.00  |  | 011<br>Category/<br>Type                           |
| Candidate Name   |  |  |
| Office Sought:<br>House<br>Senate<br>President   | Disbursement For:<br>Primary<br>General<br>Other (specify) ▼ | Transaction ID: 5352583                            |
| State: District: 0   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. National Republican Congressional Committee</b>   |  | Date of Disbursement<br>11 / 26 / 2001             |
| Mailing Address<br>320 First Street, S.E<br>City<br>Washington<br>State<br>DC<br>Zip Code<br>20003 |  | Amount of Each Disbursement this Period<br>5000.00 |
| Purpose of Disbursement<br>YTD:\$5,000.00  |  | 011<br>Category/<br>Type                           |
| Candidate Name   |  |  |
| Office Sought:<br>House<br>Senate<br>President   | Disbursement For:<br>Primary<br>General<br>Other (specify) ▼ | Transaction ID: 5352581                            |
| State: District: 0   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Diane E Watson For Congress</b>                 |  | Date of Disbursement<br>11 / 26 / 2001             |
| Mailing Address<br>6D1 S Glensaks Bl #211<br>City<br>Burbank<br>State<br>CA<br>Zip Code<br>91502 |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$3,000.00  |  | 011<br>Category/<br>Type                           |
| Candidate Name<br>Rep. Diane Watson  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President                  | Disbursement For:<br><input checked="" type="checkbox"/> Primary<br>General<br>Other (specify) ▼ | Transaction ID: 5352588                            |
| State: CA District: 32   |  |  |

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|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>11000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>32500.00</b> |