

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

5. Covering Period 07 01 2001 through 07 31 2001

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Gerald Peterson, DPM

Signature of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM Date 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: ^h07 ^D01 ^v2001 To: ^h07 ^D31 ^v2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2001		294666.64
(b) Cash on Hand at Beginning of Reporting Period	354013.22	
(c) Total Receipts (from Line 19)	20842.87	152289.45
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	374856.09	446956.09
7. Total Disbursements (from Line 30)	10000.00	82100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	364856.09	364856.09
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-426-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

APMA Podiatry Political Action Committee

Report Covering the Period: From: ^{MM}07 ^{DD}01 ^{YYYY}2001 To: ^{MM}07 ^{DD}31 ^{YYYY}2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6510.00	
(ii) Unitemized	11625.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18135.00	148116.49
(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)	18135.00	148116.49
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.)	2707.87	4172.96
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	20842.87	152289.45
20. Total Federal Receipts (subtract Line 18 from Line 19)	20842.87	152289.45

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	82000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	100.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	10000.00	82100.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	10000.00	82100.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	18135.00	148116.49
33. Total Contribution Refunds (from Line 28(d)).....	0.00	100.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	18135.00	148016.49
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 / 18	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Dr. Stuart C. Steinberg

Mailing Address
11273 Dona Lisa Dr.
City State Zip Code
Studio City CA 91604-4314

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Burbank Foot Care Center Podiatrist

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

Transaction ID: 4968170

Full Name (Last, First, Middle Initial)
B. Dr. Maureen L. Crosby

Mailing Address
3847 S. Troost
City State Zip Code
Tulsa OK 74105-3326

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Green Country Podiatry Center, P.-C. Podiatrist

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

Transaction ID: 4968210

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

Mailing Address
6376 Spring Mountain Rd
City State Zip Code
Las Vegas NV 89146-8818

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Podiatrist

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

Transaction ID: 4968163

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Dr. Paul E. Bodamer, Sr.

Mailing Address
118 Harrogate Rd.

City State Zip Code
St. Simons Island GA 31522-1104

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Parkwood Podiatry Associates Podiatrist

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

Transaction ID: 4968175

B. Full Name (Last, First, Middle Initial)
Dr. John F. Hamm

Mailing Address
3820 Clark Rd. S.E.

City State Zip Code
Cedar Rapids IA 52403-4323

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Podiatrist

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

Transaction ID: 4968208

C. Full Name (Last, First, Middle Initial)
Dr. Gray Fish

Mailing Address
2070 W. Iles Ave.

City State Zip Code
Springfield IL 62704-4174

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Prairie Podiatry, L.L.C. Podiatrist

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

Transaction ID: 4968204

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
APMA Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. John E. Morehead

Mailing Address
6666 S. 76th E. Ave.

City State Zip Code
Tulsa OK 74133-1835

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 4968212

B. Full Name (Last, First, Middle Initial)
Dr. Richard A. Armstrong

Mailing Address
342A Gifford St.

City State Zip Code
Falmouth MA 02540-2948

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Falmouth Podiatry Occupation
Podiatrist

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

Transaction ID: 4967194

C. Full Name (Last, First, Middle Initial)
Dr. Anthony R. Iorio

Mailing Address
298 Wilton Rd.

City State Zip Code
Westport CT 06880-2338

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Fairfield Podiatry Associates Occupation
Podiatrist

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

Transaction ID: 4967205

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

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

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

Use separate schedule(s)
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(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. Louise Ellen Tortora

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2001

Mailing Address
505 Fairfield Beach Rd.

City State Zip Code
Fairfield CT 06430-6740

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: 4967198

B. Full Name (Last, First, Middle Initial)
Dr. Ralph S. Sprinkle

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2001

Mailing Address
2766 Old Augusta Dr.

City State Zip Code
Pawleys Island SC 29585-7311

Amount of Each Receipt this Period
200.00

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: 4967201

C. Full Name (Last, First, Middle Initial)
Dr. Charles Morell

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2001

Mailing Address
8108 11th Ave.

City State Zip Code
Brooklyn NY 11228-2912

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: 4967206

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 18	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Devin Lowe

Mailing Address
1808 San Ramon Ave.
City: Berkeley State: CA Zip Code: 94707-1630

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: W. County Family Foot Center Occupation: Podiatrist

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

Transaction ID: 4967221

Full Name (Last, First, Middle Initial)
B. Dr. Daniel F. Ryan

Mailing Address
2345 Birchwood Ln. N.
City: Brainerd State: MN Zip Code: 56401-8928

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Brainerd Medical Center, P.A. Occupation: Podiatrist

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

Transaction ID: 4967929

Full Name (Last, First, Middle Initial)
C. Dr. Alan G. Weiss

Mailing Address
24772 Red Lodge
City: Laguna Hills State: CA Zip Code: 92653-5832

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Self-Employed Occupation: Podiatrist

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

Transaction ID: 4967927

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 / 18	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Lisa M. DeTourney

Mailing Address
12512 N. Kendall Dr.
City: Miami State: FL Zip Code: 33186-1817

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: _____ Occupation: Podiatrist

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

Transaction ID: 4967952

Full Name (Last, First, Middle Initial)
B. Dr. Bruce A. Soudry

Mailing Address
Murchison Medical Bldg. 181D Murchison #208
City: El Paso State: TX Zip Code: 79902

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: _____ Occupation: Podiatrist

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

Transaction ID: 4967918

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

Mailing Address
460 Main St. #2
City: Oneonta State: NY Zip Code: 13820-2155

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: _____ Occupation: Podiatrist

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

Transaction ID: 4967940

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

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

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	<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. Mark Edward Burton

Mailing Address
668 Leslie Ln. P.O. Box 588
City State Zip Code
Yardley PA 19067-4468

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2001

Amount of Each Receipt this Period
210.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed
Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 210.00

Transaction ID: 4967918

Full Name (Last, First, Middle Initial)
B. Dr. R. F. Eckstein

Mailing Address
2721 Dunsinane Rd.
City State Zip Code
Pensacola FL 32503-5814

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2001

Amount of Each Receipt this Period
150.00

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: 4967917

Full Name (Last, First, Middle Initial)
C. Dr. Stephen M. Pribut

Mailing Address
2141 K St. N.W. #702
City State Zip Code
Washington DC 20037-1810

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 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: 4968228

SUBTOTAL of Receipts This Page (optional) ▶ **610.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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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. Mark B. Stonsky

Mailing Address
21 Evergreen Dr.

City State Zip Code
Woodbridge CT 06525-1025

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
New Haven Podiatry Associates Podiatrist

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

Transaction ID: 4968247

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

Mailing Address
37 Country Walk

City State Zip Code
Huntington CT 06484-5330

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Podiatrist

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

Transaction ID: 4968242

C. Full Name (Last, First, Middle Initial)
Dr. Gary N. Grippo

Mailing Address
270 Center St. #110

City State Zip Code
West Haven CT 06516-4400

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Podiatrist

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

Transaction ID: 4968243

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 13 / 18
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

Mailing Address
158 Westwind Rd.

City State Zip Code
Louisville KY 40207-1545

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

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
300.00

Name of Employer Self-Employed	Occupation Podiatrist
-----------------------------------	--------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 300.00

Transaction ID: 4869084

B.

C.

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 18	
	<input 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. Brokerage Firm Advest, Inc. Date of Receipt
Mailing Address
17 W. Main Street N M D C Y V V V
07 01 2001
City State Zip Code
Avon CT 06001-3717 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 1342.83
Name of Employer Occupation
Advest, Inc. Investment Firm
Receipt For: Aggregate Year-to-Date ▼ Interest & Dividends Income
Primary General Other (specify) ▼ 7586.79 0
Transaction ID: 4968154

Full Name (Last, First, Middle Initial)
B. Brokerage Firm Advest, Inc. Date of Receipt
Mailing Address
17 W. Main Street N M D C Y V V V
07 01 2001
City State Zip Code
Avon CT 06001-3717 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 1365.04
Name of Employer Occupation
Advest, Inc. Investment Firm
Receipt For: Aggregate Year-to-Date ▼ Interest & Divident Income
Primary General Other (specify) ▼ 8961.83 0
Transaction ID: 4967225

C.

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ed Bryant for Congress Committee		Date of Disbursement 07 / 13 / 2001
Mailing Address CHOB 1st & Independence Ave. SE City Washington, DC 205 State Zip Code		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 ED BRYANT FOR CONGRESS COM		ED BRYANT FOR CONGRESS CO-MITTEE
Candidate Name Ed Bryant		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4988162
State: TN District: 7	Category/Type 011	

Full Name (Last, First, Middle Initial) B. Martin Frost Campaign Committee		Date of Disbursement 07 / 17 / 2001
Mailing Address P.O. Box 4219 City Dallas State TX Zip Code 75208		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 MARTIN FROST CAMPAIGN COMM		MARTIN FROST CAMPAIGN COM-MITTEE
Candidate Name Mr. Martin Frost		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987214
State: TX District: 24	Category/Type 011	

Full Name (Last, First, Middle Initial) C. Friends of Sam Johnson		Date of Disbursement 07 / 17 / 2001
Mailing Address P.O. Box 516145 City Dallas State TX Zip Code 75251		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 FRIENDS OF SAM JOHNSON		FRIENDS OF SAM JOHNSON
Candidate Name Mr. Sam Johnson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987216
State: TX District: 3	Category/Type 011	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Nancy Pelosi for Congress		Date of Disbursement 07 / 17 / 2001
Mailing Address 11th Floor City State Zip Code San Francisco CA 94104		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 Clerical Error Correction	011 Category/ Type	Clerical Error Correction - Contribution listed as \$100 rather than \$1000 on 8/20 Fec Report
Candidate Name Ms. Nancy Pelosi	Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼
State: CA District: 8		Transaction ID: 4989D61

Full Name (Last, First, Middle Initial) B. Mike Bilirakis for Congress		Date of Disbursement 07 / 17 / 2001
Mailing Address P.O. Box 1077 City State Zip Code Tarpon Springs FL 34688		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00 MIKE BILIRAKIS FOR CONGRES	011 Category/ Type	MIKE BILIRAKIS FOR CONGRE- SS
Candidate Name Mr. Michael Bilirakis	Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼
State: FL District: 9		Transaction ID: 4989D62

Full Name (Last, First, Middle Initial) C. Friends of Jim McDermott		Date of Disbursement 07 / 17 / 2001
Mailing Address 710 9th St SE City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 FRIENDS OF JIM MCDERMOTT	011 Category/ Type	FRIENDS OF JIM MCDERMOTT
Candidate Name Dr. Jim McDermott	Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼
State: WA District: 7		Transaction ID: 4989D60

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Mary Bono Committee		Date of Disbursement 07 / 17 / 2001
Mailing Address PO Box 3370 City: Palm Springs State: CA Zip Code: 92263		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 MARY BONO COMMITTEE		011 Category/ Type MARY BOND COMMITTEE
Candidate Name Mary Bono		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4989059
State: CA District: 44		

Full Name (Last, First, Middle Initial) B. J.D. Hayworth for Congress		Date of Disbursement 07 / 17 / 2001
Mailing Address P.O. Box 9207 City: Mesa State: AZ Zip Code: 85214		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 J.D. HAYWORTH FOR CONGRESS		011 Category/ Type J.D. HAYWORTH FOR CONGRESS
Candidate Name Mr. J.D. Hayworth		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987215
State: AZ District: 6		

Full Name (Last, First, Middle Initial) C. Anna Eshoo for Congress		Date of Disbursement 07 / 30 / 2001
Mailing Address 555 Capitol Mall Ste 1425 City: Sacramento State: CA Zip Code: 95814		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type
Candidate Name Ms. Anna G. Eshoo		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987223
State: CA District: 14		

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

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

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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 18 / 18

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

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

Full Name (Last, First, Middle Initial) A. Nita Lowey For Congress		Date of Disbursement 07 ^N / 30 ^M / 2001 ^Y	
Mailing Address 1185 Avenue of the Americas City: New York State: NY Zip Code: 10036		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD: \$1,000.00		011 Category/ Type	
Candidate Name Ms. Nita M. Lowey			
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) ▼		
State: NY District: 16	Transaction ID: 4967224		

B.

C.

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