

**FEC  
FORM 3X**

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

Office Use Only

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

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

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

C00008639

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

4. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3) Jun 20 (M6) X 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)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
 (b) Monthly Report Due On:  
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Convention (12C) Special (12S)  
 Election on in the State of  
 (d) 30-Day Post-Election Report for the: General (30G) Runoff (30R) Special (30S)  
 Election on in the State of

5. Covering Period 08 01 2001 through 08 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.

Office Use Only

**FEC FORM 3X**  
(Revised 1/2001)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
APMA Podiatry Political Action Committee

Report Covering the Period: From: <sup>Month</sup> 08 <sup>Day</sup> 01 <sup>Year</sup> 2001 To: <sup>Month</sup> 08 <sup>Day</sup> 31 <sup>Year</sup> 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Year</sup> 2001		294666.64
(b) Cash on Hand at Beginning of Reporting Period .....	364856.09	
(c) Total Receipts (from Line 19) .....	43642.04	195931.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	408498.13	490598.13
7. Total Disbursements (from Line 30) .....	1300.00	83400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	407198.13	407198.13
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 800-420-9530  
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:

08 01 2001

To:

08 31 2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	14900.00	
(ii) Unitemized .....	26377.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	41277.00	189393.49
(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) .....	41277.00	189393.49
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 .....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1365.04	5538.00
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) .....	43642.04	195931.49
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	43642.04	195931.49

**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.....	50.00	50.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	50.00	50.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	82500.00
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.....	750.00	750.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	1300.00	83400.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	1300.00	83400.00
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	41277.00	189393.49
33. Total Contribution Refunds (from Line 28(d)).....	0.00	100.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	41277.00	189293.49
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	50.00	50.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	50.00	50.00

**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 / 26	
	<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. Raymond J. Malice**

Mailing Address  
8223 14th Ave.

City State Zip Code  
Brooklyn NY 11228-3113

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 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: 4968271

Full Name (Last, First, Middle Initial)  
**B. Dr. Mark M. Schibansky**

Mailing Address  
119 Elking Rd.

City State Zip Code  
Catskill NY 12414-6731

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 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: 4968249

Full Name (Last, First, Middle Initial)  
**C. Dr. Ronald S. Lapow**

Mailing Address  
3 Pinewood Cir.

City State Zip Code  
Houston TX 77056-1400

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Lapow Podiatric Medical Assoc. Podiatrist

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

Transaction ID: 4967239

**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 / 26

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Randal Marc Lepow

Mailing Address  
6355 Seawanee

City State Zip Code  
Houston TX 77005-3323

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Lepow Podiatric Medical Associates Podiatrist

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

Transaction ID: 4967238

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gary M. Lepow

Mailing Address  
1111 Hermann Dr. #25F

City State Zip Code  
Houston TX 77004-6932

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Lepow Podiatric Medical Associates Podiatrist

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

Transaction ID: 4967237

**C.** Full Name (Last, First, Middle Initial)  
Dr. Charles F. Call

Mailing Address  
718 Beulah's Ln.

City State Zip Code  
Idaho Falls ID 83401-2340

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Call Foot & Ankle Center Podiatrist

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

Transaction ID: 4967967

**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 7 / 26

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard L. Brown

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2001

Mailing Address  
3505 Aberdeen Ct.

City State Zip Code  
Springfield IL 62704-5564

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: 4968325

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2001

Mailing Address  
327 Pebblebrook

City State Zip Code  
Seabrook TX 77586-6010

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Bay Area Podiatry Associates Podiatrist

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

Transaction ID: 4968303

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph C. Stuto

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2001

Mailing Address  
164 Paulding Ave.

City State Zip Code  
Staten Island NY 10314-3267

Amount of Each Receipt this Period  
300.00

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) ▼ 300.00

Transaction ID: 4968314

**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  
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FOR LINE NUMBER:  
(check only one)

PAGE 8 / 26

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2001

Mailing Address  
270 Center St. #110

City State Zip Code  
West Haven CT 06516-4400

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) ▼ 450.00

Transaction ID: 4968341

**B.** Full Name (Last, First, Middle Initial)  
Dr. Lansing P. Makosky

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2001

Mailing Address  
333 E. Hadley

City State Zip Code  
Dayton OH 45419-2611

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: 4968344

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ivan Heretik

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2001

Mailing Address  
76 Marcourt Dr.

City State Zip Code  
Chappaqua NY 10514-2505

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: 4968000

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

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 26	
	<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. G. Michael Johnson, Jr.**

Mailing Address  
P.O. Box 8407

City State Zip Code  
Mobile AL 36689-0407

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4969105

Full Name (Last, First, Middle Initial)  
**B. Dr. Travis Westermayer**

Mailing Address  
736 E. Grand Ave.

City State Zip Code  
Escondido CA 92025-4405

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 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: 4969128

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

Mailing Address  
1501 Highland Ave. #E.

City State Zip Code  
Burley ID 83316-2848

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 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: 4967250

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 26	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Gary Milward

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2001

Mailing Address  
5174 N. Maidstone

City State Zip Code  
Boise ID 83713-1367

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Boise Podiatry Clinic Podiatrist

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

Transaction ID: 4969125

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kent W. Howard

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2001

Mailing Address  
7888 W. Portneuf Rd.

City State Zip Code  
Pocatello ID 83204-7336

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Pocatello Podiatry Associates, P.-A. Podiatrist

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

Transaction ID: 4967255

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael E. Pearman

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Mailing Address  
The Gough Building 3355 Leonardtown Rd. #1

City State Zip Code  
Waldorf MD 20601-3818

Amount of Each Receipt this Period  
300.00

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) ▼ 300.00

Transaction ID: 4968039

**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 11 / 26	
	<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. C. Michael Irvin**

Mailing Address  
31 Blair Ct.  
City State Zip Code  
Waynesburg PA 15370-8246

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer  
Greene Podiatry Associates, Inc.

Occupation  
Podiatrist

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

Transaction ID: 4968002

Full Name (Last, First, Middle Initial)  
**B. Dr. Steven J. Berlin**

Mailing Address  
6501 Red Hook Plz. #201  
City State Zip Code  
St Thomas VI 00802-1311

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Retired

Occupation  
Podiatrist

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

Transaction ID: 4968032

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

Mailing Address  
35 Fairvale Dr.  
City State Zip Code  
Penfield NY 14526-2833

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Rochester Foot Care Associates

Occupation  
Podiatrist

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

Transaction ID: 4968034

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 12 / 26
	<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

**A.** Full Name (Last, First, Middle Initial)  
Dr. D. Hugh Fraser

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Mailing Address  
10643 N.W. Brooks Rd.

City State Zip Code  
Portland OR 97231-2506

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Big Horn Foot Clinic Podiatrist

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

Transaction ID: 4968019

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jay G. Levins

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Mailing Address  
8 Argow Pl.

City State Zip Code  
Nanuet NY 10954-3606

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: 4967278

**C.** Full Name (Last, First, Middle Initial)  
Dr. Brian Szabo

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Mailing Address  
4595 Hog Back Rd.

City State Zip Code  
Hermitage PA 16146-6260

Amount of Each Receipt this Period  
300.00

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) ▼ 300.00

Transaction ID: 4967285

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 26	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Allen M. Jacobs

Mailing Address  
100 N. Euclid #4

City State Zip Code  
St. Louis MO 63108-1529

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 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: 4968004

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joseph R. Selter

Mailing Address  
2708 McGraw Dr.

City State Zip Code  
Bloomington IL 61704-6087

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 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) ▼ 350.00

Transaction ID: 4968013

**C.** Full Name (Last, First, Middle Initial)  
Dr. Peter C. Pelcos, Jr.

Mailing Address  
3 Woodland Rd. #411

City State Zip Code  
Stoneham MA 02180-1714

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Affiliates In Foot Care, P.C. Podiatrist

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

Transaction ID: 4968028

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 26

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. Paul F. Raugellis

Mailing Address

31 Blair Ct.

City

State

Zip Code

Waynesburg

PA

15370-8246

Date of Receipt

N M / D E / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period

300.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Greene Podiatry Associates, Inc.

Occupation  
Podiatrist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 4968001

Full Name (Last, First, Middle Initial)

B. Dr. Gary Milward

Mailing Address

5174 N. Maidstone

City

State

Zip Code

Boise

ID

83713-1367

Date of Receipt

N M / D E / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Boise Podiatry Clinic

Occupation  
Podiatrist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Transaction ID: 4968033

Full Name (Last, First, Middle Initial)

C. Dr. John Stevenson

Mailing Address

5900 N. Main St.

City

State

Zip Code

Dayton

OH

45415-3150

Date of Receipt

N M / D E / Y Y Y Y  
08 / 17 / 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:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 4967280

**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 15 / 26	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Kevin Holton

Mailing Address  
2805 Jasmine Ct.

City State Zip Code  
St. Cloud MN 56301-9467

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 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: 4967279

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jonathan Cutler

Mailing Address  
11412 Okwachobee Blvd. #A

City State Zip Code  
Royal Palm Beach FL 33411-9722

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 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: 4967281

**C.** Full Name (Last, First, Middle Initial)  
Dr. Terence M. Graham

Mailing Address  
3206 Pinehurst Dr.

City State Zip Code  
Decatur IL 62521-9148

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4968008

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 26	
	<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. Sherman Nagler**

Mailing Address  
3639 Tartan Ln.  
City: Houston State: TX Zip Code: 77025-2519

Date of Receipt  
08 / 18 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Park Plaza Foot Specialists Occupation: Podiatrist

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

Transaction ID: 4967284

Full Name (Last, First, Middle Initial)  
**B. American Society of POD MED ASST**

Mailing Address  
2124 South Austin Blvd.  
City: Cicero State: IL Zip Code: 60804-2012

Date of Receipt  
08 / 18 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Occupation:

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

Transaction ID: 4967289

Full Name (Last, First, Middle Initial)  
**C. American Society of POD MED ASST**

Mailing Address  
2124 South Austin Blvd.  
City: Cicero State: IL Zip Code: 60804-2012

Date of Receipt  
08 / 18 / 2001

Amount of Each Receipt this Period  
-250.00

FEC ID number of contributing federal political committee.

Name of Employer: Occupation:

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00

Reverse clerical recording error above.

Transaction ID: 5569240

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **250.00**

**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 / 26	
	<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. Daniel Guy Taylor**

Mailing Address  
5557 Sycamore Grove Ln.  
City State Zip Code  
Memphis TN 38120-2247

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4969193

Full Name (Last, First, Middle Initial)  
**B. Dr. Timothy C. Ford**

Mailing Address  
4000 Hope Ct.  
City State Zip Code  
Louisville KY 40220-2231

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4969191

Full Name (Last, First, Middle Initial)  
**C. Dr. Bruce G. Blank**

Mailing Address  
92 N. 4th St. #27  
City State Zip Code  
Martins Ferry OH 43935-1891

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Achilles Foot & Ankle Surgery Podiatrist

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

Transaction ID: 4969192

**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 18 / 26

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Mark Scott Robson

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2001

Mailing Address  
2508 Grand Ridge Ter.

City State Zip Code  
Cedar Park TX 78613-4011

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Austin Podiatry, P.A. Podiatrist

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

Transaction ID: 4967299

**B.** Full Name (Last, First, Middle Initial)  
Dr. Frank A. Spinosa

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2001

Mailing Address  
P.O. Box 72 P.O. Box 1023

City State Zip Code  
Shelter Island NY 11964-0072

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Shelter Island Podiatry Associates Podiatrist

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

Transaction ID: 4969221

**C.** Full Name (Last, First, Middle Initial)  
Dr. Bruce E. Weeman

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2001

Mailing Address  
29 Blackthorn Loop

City State Zip Code  
Wappingers Falls NY 12590-4226

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: 4969227

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 26	
	<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. Thomas G. Rogers**

Mailing Address  
150 W. 800 N.  
City State Zip Code  
Provo UT 84601-1624

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Central UT Foot & Ankle Clinic Podiatrist

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

Transaction ID: 4969210

Full Name (Last, First, Middle Initial)  
**B. Dr. William P. Crotty**

Mailing Address  
5801 Park Ave.  
City State Zip Code  
Fort Smith AR 72903-1428

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Crotty Foot Clinic, P.A. Podiatrist

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

Transaction ID: 4969230

Full Name (Last, First, Middle Initial)  
**C. Dr. Mark F. Rogers**

Mailing Address  
150 W. 800 N.  
City State Zip Code  
Provo UT 84601-1624

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Central UT Foot & Ankle Clinic Podiatrist

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

Transaction ID: 4969211

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 26	
	<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. John Guedera**

Mailing Address  
7B2 Norman Rd.

City State Zip Code  
Ridgefield NJ 07657-1320

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 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: 4969205

Full Name (Last, First, Middle Initial)  
**B. Dr. Frederick N. Fedorchak**

Mailing Address  
12938 Tyler St.

City State Zip Code  
Crown Point IN 46307-9218

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 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: 4968378

Full Name (Last, First, Middle Initial)  
**C. Dr. Mark E. Pinker**

Mailing Address  
47 Brookwood Ave.

City State Zip Code  
Carlisle PA 17013-9128

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Pinker & Associates Occupation  
Podiatrist

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

Transaction ID: 4968375

**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 21 / 26	
	<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. Robert L. Behrends, Sr.**

Mailing Address  
505 Park Dr.  
City: Kenilworth State: IL Zip Code: 60043-1082

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 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: 4968371

Full Name (Last, First, Middle Initial)  
**B. Dr. Matthew J. Thompson**

Mailing Address  
4835 White Oak Dr.  
City: Lumberton State: NC Zip Code: 28358-2187

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2001

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: \_\_\_\_\_ Occupation: Podiatrist

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

Transaction ID: 4969253

Full Name (Last, First, Middle Initial)  
**C. Dr. Steven L. Hobbs**

Mailing Address  
256 Bahia Ave.  
City: Hershey State: PA Zip Code: 17033-1305

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 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: 4969256

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 26	
	<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. Paul M. Greenberg**

Mailing Address  
101 W. 79th St.  
City State Zip Code  
New York NY 10024-6474

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 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: 4969138

Full Name (Last, First, Middle Initial)  
**B. Dr. Neal Kramer**

Mailing Address  
5775 Fresh Meadow Dr.  
City State Zip Code  
Macungie PA 18062-9522

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 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: 4969283

Full Name (Last, First, Middle Initial)  
**C. Dr. Gene J. Pusateri**

Mailing Address  
162 Shorehaven Dr.  
City State Zip Code  
Youngstown OH 44512-5923

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 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: 4969276

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>14900.00</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 23 / 26
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" 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. Anne Eshao for Congress

Mailing Address  
555 Capitol Mall Ste 1425

City Sacramento State CA Zip Code 95814

FEC ID number of contributing federal political committee. C00258475

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2002 Aggregate Year-to-Date ▼

Primary  General  Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2001

Amount of Each Receipt this Period  
1000.00

Refund of 5/31/2001 Contribution - Payee Incorrect on Check 1263

Transaction ID: 4969247

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1000.00</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 24 / 26	
	<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.

Mailing Address  
17 W. Main Street

City State Zip Code  
Avon CT 06001-3717

Date of Receipt  
M / D / Y Y Y Y  
08 / 31 / 2001

FEC ID number of contributing federal political committee. 1385.04

Name of Employer Occupation  
Advest, Inc. Investment Firm

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 10326.87

Amount of Each Receipt this Period  
Transaction ID: 4969285

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1385.04</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1385.04</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 25 / 28

<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

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) <b>A. Wally Herger For Congress Committee</b>		Date of Disbursement 08 / 15 / 2001	
Mailing Address P.O. Box 2223 City Marysville State CA Zip Code 95901		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD: \$500.00		011 Category/ Type	
Candidate Name Mr. Wally Herger			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4989133	
State: CA      District: 2			

**B.**

**C.**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Democratic Majority PAC		Date of Disbursement 08 / 22 / 2001	
Mailing Address P.O. Box 3037 City State Zip Code Lang Branch NJ 07740		Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name		Disbursement For: Primary General Other (specify) ▼	
Office Sought: House Senate President	State: District: 0	Transaction ID: 4988047	

B.

C.

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>750.00</b>