

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- |                                      |   |                                      |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input checked="" type="checkbox"/> June 20 | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20            | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20          | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20       | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_  
(election type) \_\_\_\_\_  
election on \_\_\_\_\_ In the State of \_\_\_\_\_
- Thirtieth day report following the General Election  
on \_\_\_\_\_ In the State of \_\_\_\_\_
- (b) Is this Report an Amendment  YES  NO

<b>SUMMARY</b>	<b>COLUMN A This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
5. Covering Period <u>05/01/2001</u> through <u>05/31/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u> .....		294886.84
(b) Cash on Hand at Beginning of Reporting Period .....	329787.01	
(c) Total Receipts (from line 19) .....	13745.21	104375.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	343542.22	399042.22
7. Total Disbursements (from line 30) .....	11100.00	66500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	332442.22	332442.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.		
Type or Print Name of Treasurer <b>Electronically Filed by Dr. Gerald Peterson DPM</b>		
Signature of Treasurer	Date 06/15/2001	

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

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**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>APMA Podiatry Political Action Committee</b>		REPORT COVERING PERIOD FROM 05/01/2001 TO: 05/31/2001	
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	4950.00	40580.00	11.a.i.
ii. Unitemized .....	7393.00	57541.62	11.a.ii.
iii. Total .....	12343.00	98121.62	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	11.c.
d. Total Contributions .....	12343.00	98121.62	11.d.
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00	12.
13. All Loans Received .....	0.00	0.00	13.
14. Loan Repayments Received .....	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1402.21	6253.96	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	13745.21	104375.58	19.
20. Total Federal Receipts .....	13745.21	104375.58	20.
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	0.00	0.00	21.a.i.
ii. Non-Federal Share .....	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures .....	0.00	0.00	21.b.
c. Total Operating Expenditures .....	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	11000.00	86500.00	23.
24. Independent Expenditures (use Schedule E) .....	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made .....	0.00	0.00	26.
27. Loans Made .....	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....	100.00	100.00	28.a.
b. Political Party Committees .....	0.00	0.00	28.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	28.c.
d. Total Contributions Refunds .....	100.00	100.00	28.d.
29. Other Disbursements .....	0.00	0.00	29.
30. Total Disbursements .....	11100.00	86600.00	30.
31. Total Federal Disbursements .....	11100.00	86600.00	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	12343.00	98121.62	32.
33. Total Contribution Refunds (from line 28d) .....	100.00	100.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	12243.00	98021.62	34.
35. Total Federal Operating Expenditures .....	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	0.00	0.00	37.

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 8</b>
			FOR LINE NUMBER <b>11a</b>

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**

<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Robert Frimmel, DPM  1921 Waldemere St. #106  Sarasota FL 34230-2913  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Sarasota Footcare Center, P.A.  Occupation Podiatrist  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/02/2001	Amount of Each Receipt this Period 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Phillip Ward, DPM  3 Regional Cir. #B  Pinehurst NC 28374  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Foot & Ankle Center of NC  Occupation Podiatrist  Aggregate Year-to-Date > \$ 275.00	Date (month, day, year) 05/02/2001	Amount of Each Receipt this Period 275.00
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Lisa Lips, DPM  201 N. Washington  Newberg OR 97132-2921  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-Employed  Occupation Podiatrist  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/07/2001	Amount of Each Receipt this Period 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Wayne Marchand, DPM  48 Auburn St.  Auburn MA 01501-2438  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-Employed  Occupation Podiatrist  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 05/07/2001	Amount of Each Receipt this Period 300.00
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Mary Anne McDowell, DPM  1010 Tanzania Dr.  Roseville CA 95001  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-Employed  Occupation  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/09/2001	Amount of Each Receipt this Period 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Roger Zeratsky, DPM  1557 Cleveland Ave.  Marinette WI 54143  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Marinette Foot Clinic  Occupation Podiatrist  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Samuel Woodraker, DPM  445 Warrior Trl.  Enterprise FL 32725-2456  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-Employed  Occupation Podiatrist  Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 75.00

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	4 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER <b>11a</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Evelyn Cloud, DPM  8211 Mar Del Piets St. E.  Jacksonville FL 32256-7349  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-Employed  Occupation Podiatrist  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/18/2001	Amount of Each Receipt this Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Brian Kashan, DPM  0568 Reisterslow Rd.  Baltimore MD 21215-2304  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-Employed  Occupation Podiatrist  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/16/2001	Amount of Each Receipt this Period 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Donald Skwor, DPM  920 Estate Rd. #1  Memphis TN 38119-3608  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-Employed  Occupation Podiatrist  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/18/2001	Amount of Each Receipt this Period 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Jondale Jenkins, DPM  1706 E. 87th St.  Chicago IL 60617-2740  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer J.B. Jenkins & Associates  Occupation Podiatrist  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 05/22/2001	Amount of Each Receipt this Period 300.00
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Andrew Schink, DPM  1680 Chambers St. #201  Eugene OR 97402  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-Employed  Occupation Podiatrist  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/22/2001	Amount of Each Receipt this Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Edward Nieuwenhuis, DPM. Sr  350 Franklin Ave.  Wyckoff NJ 07481-1934  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-Employed  Occupation Podiatrist  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/23/2001	Amount of Each Receipt this Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. David Bernstein, DPM  308 N. Wayne Ave.  Wayne PA 19087-3218  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-Employed  Occupation Podiatrist  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/24/2001	Amount of Each Receipt this Period 250.00

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>5 / 8</b>
			FOR LINE NUMBER <b>11a</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> Dr. David Arkin, DPM  455 Maple St. #2  Big Flats NY 14814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-Employed	Date (month, day, year) 05/29/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > 5 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. David Kirin, DPM  251 Wilmot Dr.  Gastonia NC 28054-5158  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Gaston Foot & Ankle Associates, PA	Date (month, day, year) 05/29/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > 5 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Joseph Leonetti, DPM  6801 E. Thomas Rd.  Scottsdale AZ 85251-6926  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer AZ Foot & Ankle Care, P.C.	Date (month, day, year) 05/30/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > 5 250.00		

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<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>4950.00</b>

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	6 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER 17
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.		
<b>NAME OF COMMITTEE (In Full)</b> <b>APMA Podiatry Political Action Committee</b>		
<b>Full Name, Mailing Address, and ZIP Code</b> Advest. Inc.  22 Waterville Rd.  Avon CT 06001-2006	<b>Name of Employer</b> Brokerage Firm  <b>Occupation</b>	<b>Date (month, day, year)</b> 05/31/2001  <b>Amount of Each Receipt This Period</b> 1402.21
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> 5    6253.98	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....		
<b>TOTALS</b> This Period (last page this line number only) .....		<b>1402.21</b>

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		<b>7 / 8</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>23</b>
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>APMA Podiatry Political Action Committee</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Thurman for Congress  P.O. Box 5058  Inverness FL 34450	<b>Purpose of Disbursement</b> Karen L. Thurman, U.S. HOUSE 5th FL (House - FL - 5) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/11/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> People For English  P.O. Box 1940  Erie PA 16507	<b>Purpose of Disbursement</b> Phil English, U.S. HOUSE 21st PA (House - PA - 21) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/11/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Friends Of John Tanner  Post Office Box 1994  Union City TN 38281	<b>Purpose of Disbursement</b> John S. Tanner, U.S. HOUSE 8th TN (House - TN - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/11/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Rangel for Congress  850 7th Avenue, #701  New York NY 10019	<b>Purpose of Disbursement</b> Charles B. Rangel, U.S. HOUSE 15th NY (House - NY - 15) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/11/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of John Peterson  P.O. Box 295  Pleasantville PA 16341	<b>Purpose of Disbursement</b> John E. Peterson, U.S. HOUSE 5th PA (House - PA - 5) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/11/2001	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Jody Wagner for Congress  5101 Cleveland St. #304  Virginia Beach VA 23462	<b>Purpose of Disbursement</b> Voided Check (- VA - 2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 05/14/2001	<b>Amount of Each Disbursement This Period</b> -1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Earl Pomeroy For Congress  P.O. Box 746  Bismarck ND 58502	<b>Purpose of Disbursement</b> Earl Pomeroy, U.S. HOUSE AL ND (House - ND - ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/15/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Levin for Congress  30636 Dequindre  Warren MI 48092	<b>Purpose of Disbursement</b> Gander M. Levin, U.S. HOUSE 12- 1th MI (House - MI - 12) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/15/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Hoyer for Congress  7905 Malcolm Rd. Ste. 102  Clinton MD 20735	<b>Purpose of Disbursement</b> Gleny H. Hoyer, U.S. HOUSE 5th MD (House - MD - 5) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/15/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		8 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>APMA Podiatry Political Action Committee</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Tammy Baldwin for Congress  P.O. Box 696  Madison WI 53701	<b>Purpose of Disbursement</b> Tammy Baldwin, U.S. HOUSE 2nd WI (House - WI - 2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/15/2001	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Langevin For Congress  PO Box 55  Providence RI 02901	<b>Purpose of Disbursement</b> James R. (Jim) Langevin, U.S. HOUSE 2nd (House - RI - 2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/24/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Carper For Senate 2000  600 West Malson Run Parkway  Wilmington DE 19802	<b>Purpose of Disbursement</b> Thomas Carper, U.S. SENATE DE (Senate - DE - ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/31/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Anna Eshoo for Congress  555 Capitol Mall Ste 1425  Sacramento CA 95814	<b>Purpose of Disbursement</b> Anna G. Eshoo, U.S. HOUSE 14th CA (House - CA - 14) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/31/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of Clay Shaw  2600 N.E. 14th Street Cswy  Pompano Beach FL 33062	<b>Purpose of Disbursement</b> E. Clay Shaw, U.S. HOUSE 22nd FL (House - FL - 22) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/31/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....			<b>11000.00</b>	