

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

5. Covering Period 02 01 2001 through 02 28 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: ^h0^h ^D0¹ ^v200¹ To: ^h0^h ^D2⁸ ^v200¹

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 200 ¹		294666.64
(b) Cash on Hand at Beginning of Reporting Period	313233.65	
(c) Total Receipts (from Line 19)	16070.73	35137.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	329304.38	329304.38
7. Total Disbursements (from Line 30)	2500.00	3500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	326804.38	326304.38
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}02 ^{DD}01 ^{YYYY}2001 To: ^{MM}02 ^{DD}28 ^{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)	7955.12	
(ii) Unitemized	8115.61	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	16070.73	35137.74
(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)	16070.73	35137.74
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
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)	16070.73	35137.74
20. Total Federal Receipts (subtract Line 18 from Line 19)	16070.73	35137.74

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.....	2500.00	3500.00
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	0.00
(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	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	2500.00	3500.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	2500.00	3500.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	16070.73	35137.74
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	16070.73	35137.74
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: PAGE 5 / 13

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Dr. David Y. S. Yee

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
02 / 01 / 2001

9B-1425 D Kashumanu St

City

State

Zip Code

Aiea

HI

06701

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
HI Foot Clinic

Occupation
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 4967575

Full Name (Last, First, Middle Initial)

B. Dr. Norman W. Goldman

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
02 / 05 / 2001

4704 Villa Vera

City

State

Zip Code

Arlington

TX

76017-2602

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Self-Employed

Occupation
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 4968D15

Full Name (Last, First, Middle Initial)

C. Dr. Robert A. Boudreau

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
02 / 05 / 2001

19358 Hidden Lake Dr.

City

State

Zip Code

Tyler

TX

75703-8820

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Self-Employed

Occupation
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 4968D13

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 / 13	
	<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. W. Christopher Fleming

Mailing Address
3300 S.W. 33rd Rd.

City State Zip Code
Ocala FL 34474-7458

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 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: 4967601

B. Full Name (Last, First, Middle Initial)
Dr. James R. Christina

Mailing Address
3 Glendorian Ct.

City State Zip Code
Cockeysville MD 21030-2407

Date of Receipt
M M / D D / Y Y Y Y
02 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
White Flint Podiatry Center
Occupation
Podiatrist

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

Transaction ID: 4968678

C. Full Name (Last, First, Middle Initial)
Dr. Thomas J. Orterzo

Mailing Address
2315 Freysville Rd.

City State Zip Code
Red Lion PA 17356-8263

Date of Receipt
M M / D D / Y Y Y Y
02 / 15 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Associated Foot & Ankle Specialists
Occupation
Podiatrist

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

Transaction ID: 4968655

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 7 / 13	
	<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. Brian W. Cornel

Mailing Address
3 Algonquin Dr.
City State Zip Code
Middletown RI 02842-4573

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 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: 4968721

Full Name (Last, First, Middle Initial)
B. Dr. Brian W. Cornel

Mailing Address
3 Algonquin Dr.
City State Zip Code
Middletown RI 02842-4573

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2001

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) ▼ 500.00

Transaction ID: 5282824

Full Name (Last, First, Middle Initial)
C. Dr. Ethel G. Sonnenbom

Mailing Address
45 Sutton Pl. S. #10D
City State Zip Code
New York NY 10022-2448

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 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: 4968715

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 8 / 13	
	<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. Wesley L. Daniel

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2001

Mailing Address
751 Little John Cir.

City State Zip Code
Gainesville GA 32601-2025

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Gainesville Podiatry Clinic Podiatrist

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

Transaction ID: 4968720

B. Full Name (Last, First, Middle Initial)
Dr. Michael R. Joyce

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2001

Mailing Address
519 S. Van Buren Rd. #D

City State Zip Code
Eden NC 27288-5015

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 4967613

C. Full Name (Last, First, Middle Initial)
Dr. Mackle J. Walker, Jr.

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2001

Mailing Address
885 Trail Ridge Rd.

City State Zip Code
Aiken SC 29803-7734

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Carolina Pod. Med. Associates, P.-A. Podiatrist

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

Transaction ID: 4967629

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 9 / 13	
	<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 V. Vancore

Mailing Address
2D1 Meadow Wood Rd.

City State Zip Code
Gadsden AL 35901

Date of Receipt
M M / D D / Y Y Y Y
02 / 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: 4967649

Full Name (Last, First, Middle Initial)
B. Dr. Karl Boesenberg

Mailing Address
1852 E. 24th Ave.

City State Zip Code
Anchorage AK 99508-4009

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
AK Podiatry Associates Podiatrist

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

Transaction ID: 4967627

Full Name (Last, First, Middle Initial)
C. Dr. Kenneth C. Swayman

Mailing Address
2741 Debarrr Rd. #C-315

City State Zip Code
Anchorage AK 99508-2903

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
AK Podiatry Associates Podiatrist

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

Transaction ID: 4967628

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 / 13	
	<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. Rick B. Raper

Mailing Address
2820 Palo Alto Dr. N.E.

City State Zip Code
Albuquerque NM 87112-2191

Date of Receipt
M M / D D / Y Y Y Y
02 / 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: 4967619

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

Mailing Address
175 Harbour Point Dr.

City State Zip Code
Oak Grove Island GA 31523-8983

Date of Receipt
M M / D D / Y Y Y Y
02 / 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: 4967624

Full Name (Last, First, Middle Initial)
C. Dr. Seth A. Rubenstein

Mailing Address
1322 Pavilion Club Way

City State Zip Code
Reston VA 20194-1338

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Fox Mill Podiatry Center Podiatrist

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

Transaction ID: 4967642

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 11 / 13	
	<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. Timothy D. Kemple

Mailing Address
11 Elwood Rd.

City State Zip Code
Derry NH 03038-5426

Date of Receipt
M M / D D / Y Y Y Y
02 / 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: 4967622

Full Name (Last, First, Middle Initial)
B. Dr. Stanley A. Gargol

Mailing Address
5 Terracewood Rd.

City State Zip Code
Londonderry NH 03053-2409

Date of Receipt
M M / D D / Y Y Y Y
02 / 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: 4967621

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

Mailing Address
5930 W. Creedance Blvd.

City State Zip Code
Glendale AZ 85310-3728

Date of Receipt
M M / D D / Y Y Y Y
02 / 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: 4967634

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 12 / 13
	<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. Kent L. Magrini

Mailing Address
6917 S. 30th

City State Zip Code
Fort Smith AR 72908-8967

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Foot Health Center Podiatrist

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

Transaction ID: 4967640

B. Full Name (Last, First, Middle Initial)
Brokerage Firm Advest, Inc.

Mailing Address
17 W. Main Street

City State Zip Code
Avon CT 06001-3717

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
1205.12

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advest, Inc. Investment Firm

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1873.12

Transaction ID: 4968017

C.

SUBTOTAL of Receipts This Page (optional)	▶	1705.12
TOTAL This Period (last page this line number only)	▶	7955.12

**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 13 / 13

<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. Torricelli for U.S. Senate		Date of Disbursement 02 / 07 / 2001	
Mailing Address 1300 Connecticut Ave NW Suite 600 City Washington State DC Zip Code 20036		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 TORRICELLI FOR U.S. SENATE		011 Category/ Type	
Candidate Name Robert G. Torricelli		TORRICELLI FOR U.S. SENATE	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987598	
State: NJ District: 2			

Full Name (Last, First, Middle Initial) B. Luther for Congress Volunteer Committee		Date of Disbursement 02 / 07 / 2001	
Mailing Address 1399 Geneva Avenue North, Suite 20 City Oakdale State MN Zip Code 55128		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 LUTHER FOR CONGRESS VOLUNTEER		011 Category/ Type	
Candidate Name Mr. William P. Bill Luther		LUTHER FOR CONGRESS VOLUNTEER COMMITTEE	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987595	
State: MN District: 6			

Full Name (Last, First, Middle Initial) C. Hulshof for Congress		Date of Disbursement 02 / 07 / 2001	
Mailing Address P.O. Box 1621 City Columbia State MO Zip Code 65205		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 HULSHOF FOR CONGRESS		011 Category/ Type	
Candidate Name Mr. Kenny Hulshof		HULSHOF FOR CONGRESS	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987597	
State: MO District: 8			

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	2500.00