

**FEC
FORM 3X**

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

Office Use Only

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

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

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

C00008639

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

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) X Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) 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) (d) 30-Day Post -Election Report for the: Convention (12C) Special (12S) General (30G) Runoff (30R) Special (30S)
 Election on in the State of

5. Covering Period 10 01 2001 through 10 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 11 19 2001

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
APMA Podiatry Political Action Committee

Report Covering the Period: From: ¹⁰ 10 ⁰¹ 01 ²⁰⁰¹ 2001 To: ¹⁰ 10 ⁰³ 31 ²⁰⁰¹ 2001

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|-----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 ²⁰⁰¹ 2001 | | 294666.64 |
| (b) Cash on Hand at Beginning of Reporting Period | 401831.43 | |
| (c) Total Receipts (from Line 19) | 16466.76 | 221004.55 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 418298.19 | 515671.19 |
| 7. Total Disbursements (from Line 30) | 16075.00 | 113448.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 402223.19 | 402223.19 |
| 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: ^{MM}10 ^{DD}01 ^{YYYY}2001 To: ^{MM}10 ^{DD}31 ^{YYYY}2001

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 3724.00 | |
| (ii) Unitemized | 10868.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 14592.00 | 212788.58 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) | 14592.00 | 212788.58 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 1000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 1874.76 | 7215.97 |
| 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) | 16466.76 | 221004.55 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) | 16466.76 | 221004.55 |

DETAILED SUMMARY PAGE

of Disbursements

| 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 | 11523.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 11523.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 16075.00 | 101075.00 |
| 24. Independent Expenditure (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 100.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶ | 0.00 | 100.00 |
| 29. Other Disbursements..... | 0.00 | 750.00 |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶ | 16075.00 | 113448.00 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶ | 16075.00 | 113448.00 |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans) from Line 11(d), page 3)..... | 14592.00 | 212788.58 |
| 33. Total Contribution Refunds (from Line 28(d))..... | 0.00 | 100.00 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32)..... | 14592.00 | 212688.58 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶ | 0.00 | 11523.00 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶ | 0.00 | 11523.00 |

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

| | | | | |
|------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 5 / 19 | |
| | <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

A. Full Name (Last, First, Middle Initial)
Dr. Glenn A. Ocker

Mailing Address
2105 N. Tulare Ct

City State Zip Code
Upland CA 91784-1425

Date of Receipt
N M / D E / Y Y Y Y
10 / 01 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

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

Transaction ID: 4989314

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

Mailing Address
1060 Chambers St.

City State Zip Code
Eugene OR 97402-3781

Date of Receipt
N M / D E / Y Y Y Y
10 / 03 / 2001

Amount of Each Receipt this Period
249.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 249.00

Transaction ID: 4988450

C. Full Name (Last, First, Middle Initial)
Dr. Marc D. Lenet

Mailing Address
1 Shaded Glen Ct

City State Zip Code
Owings Mills MD 21117-3048

Date of Receipt
N M / D E / Y Y Y Y
10 / 05 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

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

Transaction ID: 4989175

SUBTOTAL of Receipts This Page (optional) ▶ **749.00**

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 / 19

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. Eugene F. Sherwood

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2001

Mailing Address
7475 Algonquin Dr.

City State Zip Code
Cincinnati OH 45243-3517

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Occupation
Corrective Step Footcare Podiatrist

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

Transaction ID: 5017B34

B. Full Name (Last, First, Middle Initial)
Dr. Edward Brown, DPM

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2001

Mailing Address
543 S.W. Third St.

City State Zip Code
Lake Oswego OR 97034-3067

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Occupation
Self-Employed

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

Transaction ID: 5017B31

C. Full Name (Last, First, Middle Initial)
Dr. Alan K. Meuser

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2001

Mailing Address
425 S. Sherrin Ave.

City State Zip Code
Louisville KY 40207-3817

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
300.00

Name of Employer Occupation
Podiatrist

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

Transaction ID: 5017B32

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 7 / 19 | |
| | <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. Craig A. Wilhelms

Mailing Address
2998 Northview Dr. S.W.

City State Zip Code
Roanoke VA 24015-3965

Date of Receipt
N M / D E / Y Y Y Y
10 13 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

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

Transaction ID: 4988517

B. Full Name (Last, First, Middle Initial)
Dr. Gerald D. Paterson

Mailing Address
6627 Apollo Rd.

City State Zip Code
West Linn OR 97068-2807

Date of Receipt
N M / D E / Y Y Y Y
10 17 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

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

Transaction ID: 4988101

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
N M / D E / Y Y Y Y
10 17 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

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

Transaction ID: 4988114

SUBTOTAL of Receipts This Page (optional) ▶ **175.00**

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)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Alan S. Woodle

Mailing Address
8111 Greenwood Ave. N.

City State Zip Code
Seattle WA 98103-4285

Date of Receipt
N M / D E / Y Y Y Y
10 / 17 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 225.00

Transaction ID: 4988129

B. Full Name (Last, First, Middle Initial)
Dr. Patrick J. Evay

Mailing Address
1205 N.E. 8th

City State Zip Code
Bend OR 97701-4306

Date of Receipt
N M / D E / Y Y Y Y
10 / 17 / 2001

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: 4988125

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

Mailing Address
5456 156th Ave. S.E.

City State Zip Code
Bellevue WA 98006-5112

Date of Receipt
N M / D E / Y Y Y Y
10 / 17 / 2001

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 225.00

Transaction ID: 4988113

SUBTOTAL of Receipts This Page (optional) ▶ **375.00**

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 / 19 | |
| | <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. Kenneth K. S. Meh

Mailing Address
14485 S.W. Allen Blvd. #101

City State Zip Code
Beaverton OR 97005-4402

Date of Receipt
N M / D E / Y Y Y Y
10 / 17 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

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

Transaction ID: 4988087

B. Full Name (Last, First, Middle Initial)
Dr. Eugene E. Spector

Mailing Address
1281 Crestview Dr.

City State Zip Code
San Carlos CA 94070-4237

Date of Receipt
N M / D E / Y Y Y Y
10 / 17 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

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

Transaction ID: 4988084

C. Full Name (Last, First, Middle Initial)
Dr. Peter J. Doll

Mailing Address
1221 Huntspoint Way

City State Zip Code
Henderson KY 42420-2560

Date of Receipt
N M / D E / Y Y Y Y
10 / 17 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

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

Transaction ID: 4988130

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

A. Full Name (Last, First, Middle Initial)
Dr. Paul W. Auferheide

Mailing Address
7D57 Zoey Pl. N.W. 9633 Levin Rd. N.W. #202

City State Zip Code
Bremerton WA 98312-6105

Date of Receipt
N M / D E / Y Y Y Y
10 / 17 / 2001

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Podiatrist

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

Transaction ID: 4988127

B. Full Name (Last, First, Middle Initial)
Dr. John E. Daulte

Mailing Address
454 Avenue De tarasa

City State Zip Code
Grants Pass OR 97526-4107

Date of Receipt
N M / D E / Y Y Y Y
10 / 17 / 2001

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation
Podiatrist

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

Transaction ID: 4988121

C. Full Name (Last, First, Middle Initial)
Dr. Kash K. Slepert

Mailing Address
2900 Stewart Pkwy.

City State Zip Code
Roseburg OR 97470-1597

Date of Receipt
N M / D E / Y Y Y Y
10 / 17 / 2001

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 100.00

Name of Employer Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 225.00

Transaction ID: 4988118

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 19

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Dr. William A. Bennett

Mailing Address

1890 Waite St. #1

City

State

Zip Code

North Bend

OR

97459-1229

Date of Receipt

N M / D E / Y Y Y Y
10 / 17 / 2001

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Bay Area Foot Clinic

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Transaction ID: 4988128

Full Name (Last, First, Middle Initial)

B. Dr. Arnold S. Beresh

Mailing Address

417 Chadwick Pl.

City

State

Zip Code

Newport News

VA

23606-3169

Date of Receipt

N M / D E / Y Y Y Y
10 / 22 / 2001

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Peninsula Foot & Ankle Spec., P.L.-
C.

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 4988157

Full Name (Last, First, Middle Initial)

C. Dr. Courtney S. Palmer

Mailing Address

369 Dewey Dr.

City

State

Zip Code

Annapolis

MD

21401-2246

Date of Receipt

N M / D E / Y Y Y Y
10 / 22 / 2001

Amount of Each Receipt this Period

125.00

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 4988177

SUBTOTAL of Receipts This Page (optional) ▶ **275.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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. John G. Roth

Mailing Address
4066 St. Johns Ln.

City State Zip Code
Ellicott City MD 21042-5309

Date of Receipt
N M / D E / Y Y V V
10 / 22 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
100.00

Name of Employer Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 225.00

Transaction ID: 4989179

B. Full Name (Last, First, Middle Initial)
Dr. Mark Appalton, DPM

Mailing Address
5422 Beech Ridge Dr.

City State Zip Code
Fairfax VA 22030-4618

Date of Receipt
N M / D E / Y Y V V
10 / 22 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
50.00

Name of Employer Occupation
Podiatrist

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

Transaction ID: 4989184

C.

| | | |
|------------------------------------------------------------------|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 150.00 |
| TOTAL This Period (last page this line number only) | ▶ | 3724.00 |

**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 13 / 19 |
| | <input type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 | <input checked="" type="checkbox"/> 17 |

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

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

Mailing Address
17 W. Main Street

City State Zip Code
Avon CT 06001-3717

Date of Receipt
N M / D E / Y Y Y Y
10 31 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advest, Inc.

Amount of Each Receipt this Period
1874.76

Interest and Dividends Income

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 13469.93

Transaction ID: 5206668

B.

C.

| | | |
|------------------------------------------------------------------|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1874.76 |
| TOTAL This Period (last page this line number only) | ▶ | 1874.76 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. LoBiondo For Congress | | Date of Disbursement 10 / 05 / 2001 | |
| Mailing Address 1754 Wynnewood Drive City: Vineland State: NJ Zip Code: 08360 | | Amount of Each Disbursement this Period 1075.00 | |
| Purpose of Disbursement YTD:\$1,075.00 | | 011 Category/ Type | |
| Candidate Name Frank A. LoBiondo | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: NJ District: 2 | Transaction ID: 5179837 | | |

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|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Tim Johnson for South Dakota | | Date of Disbursement 10 / 05 / 2001 | |
| Mailing Address P.O. Box 88113 City: Sioux Falls State: SD Zip Code: 57106 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement YTD:\$1,000.00 | | 011 Category/ Type | |
| Candidate Name Mr. Tim Johnson | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: SD District: 1 | Transaction ID: 5082980 | | |

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|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Gene Green Congressional Campaign | | Date of Disbursement 10 / 05 / 2001 | |
| Mailing Address P.O. Box 16128 City: Houston State: TX Zip Code: 77222 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement YTD:\$1,000.00 | | 011 Category/ Type | |
| Candidate Name Mr. Gene Green | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: TX District: 29 | Transaction ID: 5082978 | | |

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|--------------------------------------------------------------------|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3075.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Burr for Congress | | Date of Disbursement 10 / 05 / 2001 |
| Mailing Address P.O. Box 5732 City: Winston-Salem State: NC Zip Code: 27113 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement YTD:\$1,000.00 | 011 | |
| Candidate Name Mr. Richard M. Burr | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | Transaction ID: 5082987 |
| State: NC District: 5 | | |

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|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. John Shadegg For Congress | | Date of Disbursement 10 / 05 / 2001 |
| Mailing Address Po Box 45444 City: Phoenix State: AZ Zip Code: 85064 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement YTD:\$1,000.00 | 011 | |
| Candidate Name John Shadegg | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | Transaction ID: 5082984 |
| State: AZ District: 4 | | |

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|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Friends of Patrick Kennedy | | Date of Disbursement 10 / 08 / 2001 |
| Mailing Address P.O. Box 1356 City: Providence State: RI Zip Code: 02901 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement YTD:\$1,000.00 | 011 | |
| Candidate Name Mr. Patrick J. Kennedy | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | Transaction ID: 5208798 |
| State: RI District: 1 | | |

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------|
| Full Name (Last, First, Middle Initial) A. Re-Elect Nancy Johnson to Congress | | Date of Disbursement 10 / 17 / 2001 | |
| Mailing Address P.O. Box 1968 City New Britain | | State CT | Zip Code 06050 |
| Purpose of Disbursement YTD:\$1,500.00 | | Amount of Each Disbursement this Period 500.00 | |
| Candidate Name Ms. Nancy L. Johnson | | 011 Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: CT District: 8 | Transaction ID: 5082895 | | |

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|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------|
| Full Name (Last, First, Middle Initial) B. Thurman for Congress | | Date of Disbursement 10 / 17 / 2001 | |
| Mailing Address P.O. Box 5058 City Inverness | | State FL | Zip Code 34450 |
| Purpose of Disbursement YTD:\$2,000.00 | | Amount of Each Disbursement this Period 1000.00 | |
| Candidate Name Ms. Karen L. Thurman | | 011 Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: FL District: 5 | Transaction ID: 5082896 | | |

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|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------|
| Full Name (Last, First, Middle Initial) C. John D. Dingell for Congress Committee | | Date of Disbursement 10 / 17 / 2001 | |
| Mailing Address 607 Fourteenth St., NW City Washington | | State DC | Zip Code 20005 |
| Purpose of Disbursement YTD:\$2,000.00 | | Amount of Each Disbursement this Period 1000.00 | |
| Candidate Name Mr. John D. Dingell | | 011 Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: MI District: 18 | Transaction ID: 5082891 | | |

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Marion Berry For Congress | | Date of Disbursement 10 / 17 / 2001 |
| Mailing Address PO Box 8084 City Jonesboro State AR Zip Code 72403 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement YTD:\$1,000.00 | | 011 Category/ Type |
| Candidate Name Rep. Marion Berry | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | |
| State: AR District: 1 | Transaction ID: 5082893 | |

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|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Mark Pryor For Us Senate | | Date of Disbursement 10 / 17 / 2001 |
| Mailing Address Post Office Box 2720 City Little Rock State AR Zip Code 72203 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement YTD:\$1,000.00 | | 011 Category/ Type |
| Candidate Name Mr. Mark Pryor | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | |
| State: AR District: 0 | Transaction ID: 5082897 | |

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|------------------------------------------------------------------|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | 16075.00 |