

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

5. Covering Period 03 01 2001 through 03 31 2001

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

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

Signature of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM Date 01 07 2002

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
APMA Podiatry Political Action Committee

Report Covering the Period: From: <sup>Month</sup> 03 <sup>Day</sup> 01 <sup>Year</sup> 2001 To: <sup>Month</sup> 03 <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 .....	326804.38	
(c) Total Receipts (from Line 19) .....	40443.09	75580.83
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	367247.47	370247.47
7. Total Disbursements (from Line 30) .....	38000.00	41500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	329247.47	328747.47
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: <sup>MM</sup>03 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>03 <sup>DD</sup>31 <sup>YYYY</sup>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) .....	17130.00	
(ii) Unitemized .....	21848.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	38978.00	74115.74
(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) .....	38978.00	74115.74
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.) .....	1465.09	1465.09
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) .....	40443.09	75580.83
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	40443.09	75580.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

<b>II. DISBURSEMENTS</b>		<b>COLUMN A</b> Total This Period	<b>COLUMN B</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.....		38000.00	41500.00
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)..... ▶		38000.00	41500.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶		38000.00	41500.00
<hr/>			
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) from Line 11(d), page 3).....		38978.00	74115.74
33. Total Contribution Refunds (from Line 28(d)).....		0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....		38978.00	74115.74
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: (check only one)		PAGE 5 / 37	
	<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. Gregory T. Amaras

Mailing Address  
1281 Lawrence

City State Zip Code  
Lake Forest IL 60045-3639

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 01 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Amarantos Foot Center Podiatrist

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

Transaction ID: 4966024

**B.** Full Name (Last, First, Middle Initial)  
Dr. Edward Patrick Smith

Mailing Address  
148 Park St

City State Zip Code  
Springfield VT 05156-3034

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 01 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Podiatrist

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

Transaction ID: 4966032

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jon A. Hultman

Mailing Address  
2011 Thayer Ave.

City State Zip Code  
Los Angeles CA 90025-5928

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Podiatrist

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

Transaction ID: 4966043

**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 6 / 37	
	<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

Full Name (Last, First, Middle Initial)  
**A. Dr. James W. Stovosky**

Mailing Address  
730-7 Point Pacific Dr.

City State Zip Code  
Daly City CA 94014-3429

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966041

Full Name (Last, First, Middle Initial)  
**B. Dr. Jerry D. Brant**

Mailing Address  
1183 Cross Creek

City State Zip Code  
Franklin TN 37067-4035

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966680

Full Name (Last, First, Middle Initial)  
**C. Dr. John D. Ruff**

Mailing Address  
6801 N. Ruff Ln.

City State Zip Code  
Peoria IL 61614-2843

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966676

**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 / 37	
	<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. Harvey S. Kerpa**

Mailing Address  
649 N. Broad St.

City State Zip Code  
Woodbury NJ 08096-1621

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 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: 4966669

Full Name (Last, First, Middle Initial)  
**B. Dr. Gerard J. Kerblaski**

Mailing Address  
10804 Florence Ave. N.E.

City State Zip Code  
Albuquerque NM 87122-4008

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatry Associates of NM Podiatrist

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

Transaction ID: 4966662

Full Name (Last, First, Middle Initial)  
**C. Dr. Terry P. Smith**

Mailing Address  
2107 Worchester Dr.

City State Zip Code  
Salt Lake City UT 84121-3828

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2001

Amount of Each Receipt this Period  
230.00

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) ▼ 230.00

Transaction ID: 4966662

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **730.00**

**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: PAGE 8 / 37

(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. Janet Simon

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
03 06 2001

711 Encino Pl. N.E. #G

City State Zip Code

Albuquerque NM 87102-2650

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: 4966660

Full Name (Last, First, Middle Initial)

B. Dr. Richard A. Weinstein

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
03 06 2001

1442 Honeysuckle, N.E.

City State Zip Code

Albuquerque NM 87122-1144

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: 4966659

Full Name (Last, First, Middle Initial)

C. Dr. Joan M. Meyer

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
03 07 2001

3240 Purer Rd.

City State Zip Code

Escondido CA 92029-7250

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: 4967654

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

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 37

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. Gerald Stein

Mailing Address  
2495 Cornfort Ct.

City State Zip Code  
West Bloomfield MI 48323-3703

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Madison Podiatry Podiatrist

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

Transaction ID: 4968736

**B.** Full Name (Last, First, Middle Initial)  
Dr. James M. Flynn

Mailing Address  
6500 N. Grand #1B0

City State Zip Code  
Oklahoma City OK 73116-3429

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Podiatrist

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

Transaction ID: 4968741

**C.** Full Name (Last, First, Middle Initial)  
Dr. Scott A. Hamilton

Mailing Address  
8141 Rourke St.

City State Zip Code  
Myrtle Beach SC 29572-4128

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Coastal Podiatry Associates, PA Podiatrist

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

Transaction ID: 4968729

**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 / 37	
	<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. Gary W. Nelner**

Mailing Address  
3117 Hudnall Ln.  
City State Zip Code  
Edgewood KY 41017-2320

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Nelner & Tirone, P.S.C. Occupation  
Podiatrist

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

Transaction ID: 4967676

Full Name (Last, First, Middle Initial)  
**B. Dr. Glenn B. Gashwith**

Mailing Address  
12401 Willow Green Ct.  
City State Zip Code  
Potomac MD 20854-3044

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
American Podiatric Medical Association Occupation  
Executive Director

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

Transaction ID: 4967682

Full Name (Last, First, Middle Initial)  
**C. Dr. Thomas R. Kemp**

Mailing Address  
2377 E. Ridge Ter.  
City State Zip Code  
Green Bay WI 54311-6734

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Bay Area Foot Clinic Occupation  
Podiatrist

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

Transaction ID: 4967674

**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 / 37	
	<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. Jeffrey S. Kahn

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2001

Mailing Address  
35 Kent Ln.

City State Zip Code  
Rocky Hill CT 06067-2910

Amount of Each Receipt this Period  
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CT Foot Care Centers, L.L.C. Podiatrist

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

Transaction ID: 4967677

**B.** Full Name (Last, First, Middle Initial)  
Dr. Danuta Rezek

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2001

Mailing Address  
250 Briarwood Dr.

City State Zip Code  
Guilford CT 06437-1873

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
E. Haven Footcare Center Podiatrist

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

Transaction ID: 4967673

**C.** Full Name (Last, First, Middle Initial)  
Dr. David James Malani

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2001

Mailing Address  
2900 Ohio Match Rd. E.

City State Zip Code  
Hayden Lake ID 83835-9353

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: 4967706

**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 12 / 37	
	<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. Bradford W. Glass**

Mailing Address  
4603 Island Dr.

City State Zip Code  
Midland TX 79707-1406

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966078

Full Name (Last, First, Middle Initial)  
**B. Dr. Thomas F. Vail**

Mailing Address  
201 Mohican Rd.

City State Zip Code  
Findlay OH 45840-6322

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2001

Amount of Each Receipt this Period  
350.00

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: 4966085

Full Name (Last, First, Middle Initial)  
**C. Dr. Glenn Patrick York**

Mailing Address  
14020 N. 47th St.

City State Zip Code  
Omaha NE 68152-1108

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Benson Podiatry Associates Podiatrist

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

Transaction ID: 4966058

**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 13 / 37
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Lynn LeBlanc**

Mailing Address  
12 Trevor Ln.  
City State Zip Code  
East Granby CT 06026-0667

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966076

Full Name (Last, First, Middle Initial)  
**B. Dr. Tara L. F. Blessingame**

Mailing Address  
2803 Eva Dr N.W.  
City State Zip Code  
Huntsville AL 35810-3338

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 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: 4967737

Full Name (Last, First, Middle Initial)  
**C. Dr. Paul Schwerzentraub**

Mailing Address  
P.O. Box 64457  
City State Zip Code  
Lubbock TX 79464-4457

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 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: 4967732

**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 14 / 37	
	<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. R. Craig Martin

Mailing Address  
6250 Clearview Rd.

City State Zip Code  
Dover PA 17315-3206

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Martin Foot & Ankle Center Podiatrist

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

Transaction ID: 4967722

**B.** Full Name (Last, First, Middle Initial)  
Dr. Nancy Kaplan

Mailing Address  
52 Pitt Rd.

City State Zip Code  
Springfield NJ 07081-2634

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Podiatrist

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

Transaction ID: 4967731

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jay D. Lifshen

Mailing Address  
5706 Windmier Cir.

City State Zip Code  
Dallas TX 75252-5007

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Southwest Podiatry, PLLC Podiatrist

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

Transaction ID: 4967746

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

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 37	
	<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. Dennis A. DiMatteo**

Mailing Address  
8 Greenbrier Dr.  
Barrington RI 02806-3818

Date of Receipt  
03 / 22 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: Medical Center Footcare Associates  
Occupation: Podiatrist

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

Transaction ID: 4966719

Full Name (Last, First, Middle Initial)  
**B. Dr. Charles G. Kissel**

Mailing Address  
49522 Keycove Dr.  
New Baltimore MI 48047-2329

Date of Receipt  
03 / 22 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: Medical Center Footcare Associates  
Occupation: Podiatrist

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

Transaction ID: 4966721

Full Name (Last, First, Middle Initial)  
**C. Dr. Joseph G. D'Amico**

Mailing Address  
393 W. 57th St.  
New York NY 10019-3159

Date of Receipt  
03 / 23 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: Podiatrist  
Occupation: Podiatrist

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

Transaction ID: 4966115

**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

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(check only one)

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 13  14  15  16  17

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

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

Mailing Address  
2350 Sunset Point Rd. #A

City State Zip Code  
Clearwater FL 33765-1443

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 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: 4966121

**B.** Full Name (Last, First, Middle Initial)  
Dr. Fred L. Anderson

Mailing Address  
8182 Owari Ln.

City State Zip Code  
Riverside CA 92508-6230

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 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: 4966101

**C.** Full Name (Last, First, Middle Initial)  
Dr. Christen A. Robertoz

Mailing Address  
43 Douma Dr.

City State Zip Code  
Newton NJ 07860-1548

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 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: 4966794

**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 17 / 37	
	<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. Harold B. Glickman**

Mailing Address  
11321 Berger Ter.  
City: Potomac State: MD Zip Code: 20854-2017

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: Podiatrist

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

Transaction ID: 4966817

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

Mailing Address  
3028 S. Amanda Ct.  
City: Sioux Falls State: SD Zip Code: 57103-4828

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: Podiatrist

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

Transaction ID: 4966795

Full Name (Last, First, Middle Initial)  
**C. Dr. Steven H. Glickman**

Mailing Address  
4821 Park Hill Ct.  
City: West Bloomfield State: MI Zip Code: 48323-3557

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: Podiatrist

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

Transaction ID: 4966797

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Bruce R. Safirin

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2001

Mailing Address  
7205 Pine Cone Ln.

City State Zip Code  
Sylvania OH 43560-3812

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Complete Foot Care Center Podiatrist

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

Amount of Each Receipt this Period  
250.00

Transaction ID: 4966745

**B.** Full Name (Last, First, Middle Initial)  
Dr. Henry N. Merritt, Jr.

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2001

Mailing Address  
2850 N.E. 80th St.

City State Zip Code  
Fort Lauderdale FL 33308-2736

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Lauderdale Foot Care Center Podiatrist

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

Amount of Each Receipt this Period  
250.00

Transaction ID: 4966749

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kathleen M. Stone

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2001

Mailing Address  
18807 N. 42nd Ave.

City State Zip Code  
Glendale AZ 85308-7527

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

Amount of Each Receipt this Period  
250.00

Transaction ID: 4966748

**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 19 / 37	
	<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. Brad G. Samojls**

Mailing Address  
P.O. Box 1228  
City State Zip Code  
Camden ME 04843

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 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: 4966736

Full Name (Last, First, Middle Initial)  
**B. Dr. Joseph M. Hughes**

Mailing Address  
12821 Olive St.  
City State Zip Code  
Garden Grove CA 92845-2632

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 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: 4966747

Full Name (Last, First, Middle Initial)  
**C. Dr. Ingrid M. Stnes**

Mailing Address  
701 Snow Rd. #C  
City State Zip Code  
Lansing MI 48917-4067

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 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: 4966816

**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 20 / 37	
	<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. Joseph W. Cavuto**

Mailing Address  
1 Debbie Ct.  
City: Dix Hills State: NY Zip Code: 11746-5601

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: Occupation: Podiatrist

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

Transaction ID: 4966742

Full Name (Last, First, Middle Initial)  
**B. Dr. Patricia A. Moore**

Mailing Address  
3179 Andrews Rd.  
City: Buchanan State: MI Zip Code: 49107-9120

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 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: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Transaction ID: 4966743

Full Name (Last, First, Middle Initial)  
**C. Dr. Karen F. LeMorge**

Mailing Address  
102 Holland Dr.  
City: Wakefield State: RI Zip Code: 02879-2254

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: Occupation: Podiatrist

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

Transaction ID: 4966733

**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

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(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jerauld D. Ferrito, Jr.

Mailing Address  
2398 Club Rd.

City State Zip Code  
Upper Arlington OH 43221-4005

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
500.00

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966744

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gle W. Kinney

Mailing Address  
3552 Carnoustie Dr.

City State Zip Code  
Martinez GA 30907-9504

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966741

**C.** Full Name (Last, First, Middle Initial)  
Dr. Lloyd S. Smith

Mailing Address  
65 Hartman Rd.

City State Zip Code  
Newton Center MA 02459-3035

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966798

**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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Gregory A. Warley

Mailing Address  
504 Wessex Ln.

City State Zip Code  
Walton KY 41094-7407

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Northern KY Foot Specialists Podiatrist

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

Transaction ID: 4966727

**B.** Full Name (Last, First, Middle Initial)  
Dr. Patrick A. McShane

Mailing Address  
3414 S. Hall

City State Zip Code  
Springfield MO 65804-4800

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Podiatrist

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

Transaction ID: 4966815

**C.** Full Name (Last, First, Middle Initial)  
Dr. William H. Debdoub

Mailing Address  
100 Ayshire Ct.

City State Zip Code  
Slidell LA 70461-5034

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2001

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: 4966748

**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 23 / 37	
	<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. William H. Dabdoub

Mailing Address  
100 Ayshire Ct

City State Zip Code  
Slidell LA 70461-5034

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 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: 5282827

Full Name (Last, First, Middle Initial)  
B. Dr. Roderick D. Farley

Mailing Address  
11100 Desert Classic Ln. N.E.

City State Zip Code  
Albuquerque NM 87111-7512

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4967749

Full Name (Last, First, Middle Initial)  
C. Dr. Jerry Lind Hall

Mailing Address  
306 Linwood Ave.

City State Zip Code  
Goldsboro NC 27530-5924

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Wayne Foot Specialists, P.C. Podiatrist

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

Transaction ID: 4967747

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**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 24 / 37	
	<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. David B. Alper

Mailing Address  
1-3 Oak Ave.

City State Zip Code  
Belmont MA 02178

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed  
Valley Foot & Ankle

Occupation  
Podiatrist

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

Transaction ID: 4966140

**B.** Full Name (Last, First, Middle Initial)  
Dr. David K. Croshaw

Mailing Address  
1155 Pocatello Creek Rd.

City State Zip Code  
Pocatello ID 83201-2949

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed  
Valley Foot & Ankle

Occupation  
Podiatrist

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

Transaction ID: 4967768

**C.** Full Name (Last, First, Middle Initial)  
Dr. William S. Lynde

Mailing Address  
1568 Doe Trail Ln.

City State Zip Code  
Yardley PA 19067-4054

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed  
Newtown Podiatry

Occupation  
Podiatrist

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

Transaction ID: 4967768

**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 25 / 37
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
A. Dr. Leonard Simmons

Mailing Address  
3D Greenview Dr.

City State Zip Code  
Fairmont WV 26564-1200

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

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

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

Transaction ID: 4966156

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>17130.00</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)

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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) <b>A. Re-Elect Nancy Johnson to Congress</b>		Date of Disbursement 03 / 01 / 2001
Mailing Address P.O. Box 1968 City State Zip Code New Britain CT 06050		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 RE-ELECT NANCY JOHNSON TO		011 Category/ Type RE-ELECT NANCY JOHNSON TO CONGRESS
Candidate Name Ms. Nancy L. Johnson		
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: 4986038
State: CT      District: 8		

Full Name (Last, First, Middle Initial) <b>B. McCrery for Congress</b>		Date of Disbursement 03 / 01 / 2001
Mailing Address 1800 CNB Tower City State Zip Code Shreveport LA 71101		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 MCCRERY FOR CONGRESS		011 Category/ Type MCCRERY FOR CONGRESS
Candidate Name Mr. Jim McCrery		
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: 4986037
State: LA      District: 4		

Full Name (Last, First, Middle Initial) <b>C. Pete Stark Re-Election Committee</b>		Date of Disbursement 03 / 01 / 2001
Mailing Address P.O. Box 121 City State Zip Code Hayward CA 94543		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 PETE STARK RE-ELECTION COM		011 Category/ Type PETE STARK RE-ELECTION CO- MMITTEE
Candidate Name Mr. Pete Stark		
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: 4988724
State: CA      District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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) <b>A. Hutchinson For Senate</b>		Date of Disbursement 03 / 01 / 2001
Mailing Address PO Box 998 City: Rogers State: AR Zip Code: 72757		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 HUTCHINSON FOR SENATE		011 Category/ Type HUTCHINSON FOR SENATE
Candidate Name Tim Hutchinson		
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) ▼	Transaction ID: 4986033
State: AR District: 2		

Full Name (Last, First, Middle Initial) <b>B. Mike Bilirakis for Congress</b>		Date of Disbursement 03 / 01 / 2001
Mailing Address P.O. Box 1077 City: Tarpon Springs State: FL Zip Code: 34688		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 MIKE BILIRAKIS FOR CONGRES		011 Category/ Type MIKE BILIRAKIS FOR CONGRE- SS
Candidate Name Mr. Michael Bilirakis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4986725
State: FL District: 9		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Mary Landrieu Inc</b>		Date of Disbursement 03 / 01 / 2001
Mailing Address 203 Carondelet Street Suite 630 Suite 131D City: New Orleans State: LA Zip Code: 70130		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 FRIENDS OF MARY LANDRIEU I		011 Category/ Type FRIENDS OF MARY LANDRIEU INC
Candidate Name Mary L. Landrieu		
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) ▼	Transaction ID: 4986723
State: LA District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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) <b>A. People For English</b>		Date of Disbursement 03 / 01 / 2001
Mailing Address P.O. Box 1940 City Erie State PA Zip Code 16507		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 PEOPLE FOR ENGLISH		011 Category/ Type PEOPLE FOR ENGLISH
Candidate Name Phil English		
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: 4986038
State: PA District: 21		

Full Name (Last, First, Middle Initial) <b>B. Collins For Senator</b>		Date of Disbursement 03 / 01 / 2001
Mailing Address PO Box 1096 City Bangor State ME Zip Code 04402		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 COLLINS FOR SENATOR		011 Category/ Type COLLINS FOR SENATOR
Candidate Name Susan Collins		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4986722
State: ME District: 2		

Full Name (Last, First, Middle Initial) <b>C. Hoyer for Congress</b>		Date of Disbursement 03 / 01 / 2001
Mailing Address 7905 Malcolm Rd. Ste. 102 City Clinton State MD Zip Code 20795		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 HOYER FOR CONGRESS		011 Category/ Type HOYER FOR CONGRESS
Candidate Name Mr. Steny H. Hoyer		
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: 4986034
State: MD District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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) <b>A. Friends of Senator Rockefeller</b>			Date of Disbursement 03 / 01 / 2001	
Mailing Address 236 Massachusetts Avenue, #310 City: Washington State: DC Zip Code: 20002			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$2,500.00 FRIENDS OF SENATOR ROCKEFE			011 Category/ Type FRIENDS OF SENATOR ROCKEF- ELLER	
Candidate Name Senator John D. Rockefeller, IV				
Office Sought: House X Senate President	Disbursement For: 2002 X Primary      General Other (specify) ▼		Transaction ID: 4986035	
State: WV District: 2				

Full Name (Last, First, Middle Initial) <b>B. Friends of Sessions Senate Committee</b>			Date of Disbursement 03 / 09 / 2001	
Mailing Address P.O. Box 4278 City: Montgomery State: AL Zip Code: 36108			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 FRIENDS OF SESSIONS SENATE			011 Category/ Type FRIENDS OF SESSIONS SENATE COMMITTEE	
Candidate Name Mr. Jeff Sessions				
Office Sought: House X Senate President	Disbursement For: 2002 X Primary      General Other (specify) ▼		Transaction ID: 4986757	
State: AL District: 2				

Full Name (Last, First, Middle Initial) <b>C. Pallone for Congress</b>			Date of Disbursement 03 / 09 / 2001	
Mailing Address P.O. Box 3176 City: Long Branch State: NJ Zip Code: 07440			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 PALLONE FOR CONGRESS			011 Category/ Type PALLONE FOR CONGRESS	
Candidate Name Mr. Frank Pallone, Jr.				
Office Sought: X House Senate President	Disbursement For: 2002 X Primary      General Other (specify) ▼		Transaction ID: 4986759	
State: NJ District: 8				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4500.00</b>
<b>TOTAL</b> 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 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 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) <b>A. Friends of Lois Capps</b>		Date of Disbursement 03 / 09 / 2001	
Mailing Address PO Box 23940 City State Zip Code Santa Barbara CA 93121		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 FRIENDS OF LOIS CAPPS		011 Category/ Type	
Candidate Name Lois Capps		FRIENDS OF LOIS CAPPS	
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: 4988758	
State: CA      District: 22			

Full Name (Last, First, Middle Initial) <b>B. Friends of Max Baucus</b>		Date of Disbursement 03 / 09 / 2001	
Mailing Address Box 588 City State Zip Code Helena MT 59624		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00 FRIENDS OF MAX BAUCUS		011 Category/ Type	
Candidate Name Senator Max Baucus		FRIENDS OF MAX BAUCUS	
Office Sought:    House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4988760	
State: MT      District: 1			

Full Name (Last, First, Middle Initial) <b>C. John D. Dingell for Congress Committee</b>		Date of Disbursement 03 / 09 / 2001	
Mailing Address 607 Fourteenth St., NW City State Zip Code Washington DC 20005		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 JOHN D. DINGELL FOR CONGRE		011 Category/ Type	
Candidate Name Mr. John D. Dingell		JOHN D. DINGELL FOR CONGR- ESS COMMITTEE	
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: 4988758	
State: MI      District: 18			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4000.00</b>
<b>TOTAL</b> 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

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(check only one)

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<input type="checkbox"/> 21b 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 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) <b>A. Ganske for Senate Committee</b>		Date of Disbursement 03 / 09 / 2001
Mailing Address 520 E Locust 2nd Floor City: Des Moines State: IA Zip Code: 50309		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 GANSKE FOR SENATE COMMITTEE		011 Category/ Type
Candidate Name Dr. Greg Ganske, MD		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	GANSKE FOR SENATE COMMITTEE Transaction ID: 4988764
State: IA District: 0		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Jim Inhofe</b>		Date of Disbursement 03 / 09 / 2001
Mailing Address PO Box 13300 City: Oklahoma City State: OK Zip Code: 73113		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2,500.00 FRIENDS OF JIM INHOFE		011 Category/ Type
Candidate Name James M. Inhofe		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	FRIENDS OF JIM INHOFE Transaction ID: 4988761
State: OK District: 2		

Full Name (Last, First, Middle Initial) <b>C. Friends of Jim Maloney</b>		Date of Disbursement 03 / 09 / 2001
Mailing Address 20 E. Main Street, Ste 235 City: Waterbury State: CT Zip Code: 06702		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 FRIENDS OF JIM MALONEY		011 Category/ Type
Candidate Name Mr. Jim Maloney		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Connecticut Con	FRIENDS OF JIM MALONEY Transaction ID: 4988763
State: CT District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>4000.00</b>
<b>TOTAL</b> 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) <b>A. Dave Camp for Congress 2000</b>		Date of Disbursement 03 / 09 / 2001	
Mailing Address 5815 Eastman Ave. Suite 100 City: Midland State: MI Zip Code: 48640		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 DAVE CAMP FOR CONGRESS 2000		Category/Type 011	
Candidate Name Mr. Dave Camp		DAVE CAMP FOR CONGRESS 20-00	
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: 4988762	
State: MI      District: 4			

Full Name (Last, First, Middle Initial) <b>B. David Wu for Congress</b>		Date of Disbursement 03 / 29 / 2001	
Mailing Address CHOB 1st & Independence Ave., SE City: Washington State: DC Zip Code: 20615		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 DAVID WU FOR CONGRESS		Category/Type 011	
Candidate Name David Wu		DAVID WU FOR CONGRESS	
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: 4986135	
State: DC      District: 1			

Full Name (Last, First, Middle Initial) <b>C. Citizens for Harkin</b>		Date of Disbursement 03 / 29 / 2001	
Mailing Address P.O. Box 811 City: Des Moines State: IA Zip Code: 50304		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00 CITIZENS FOR HARKIN		Category/Type 011	
Candidate Name Senator Tom Harkin		CITIZENS FOR HARKIN	
Office Sought:    House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4986131	
State: IA      District: 2			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> 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 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 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) <b>A. Friends of Jerry Kleczka</b>		Date of Disbursement 03 / 23 / 2001	
Mailing Address 3268 South 9th Street City Milwaukee State WI Zip Code 53215		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 FRIENDS OF JERRY KLECZKA		011 Category/ Type	
Candidate Name Mr. Gerald D. Kleczka		FRIENDS OF JERRY KLECZKA	
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: 4986134	
State: WI      District: 4			

Full Name (Last, First, Middle Initial) <b>B. Friends of Max Cleland</b>		Date of Disbursement 03 / 23 / 2001	
Mailing Address 3148 Northeast Expressway      P.O. Box 7843 City Atlanta State CA Zip Code 30357		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 FRIENDS OF MAX CLELAND		011 Category/ Type	
Candidate Name Mr. Max Cleland		FRIENDS OF MAX CLELAND	
Office Sought:      House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4986130	
State: GA      District: 2			

Full Name (Last, First, Middle Initial) <b>C. Grassley Committee Inc.</b>		Date of Disbursement 03 / 23 / 2001	
Mailing Address 5301 Wisconsin Ave. City Washington State DC Zip Code 20015		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00 GRASSLEY COMMITTEE INC.		011 Category/ Type	
Candidate Name Mr. Charles E. Grassley		GRASSLEY COMMITTEE INC.	
Office Sought:      House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4986129	
State: IA      District: 1			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4000.00</b>
<b>TOTAL</b> 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 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 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) <b>A. Tim Johnson For South Dakota Inc</b>		Date of Disbursement 03 / 23 / 2001
Mailing Address PO Box 1859 City: Sioux Falls State: SD Zip Code: 57101		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 TIM JOHNSON FOR SOUTH DAKO		011 Category/ Type
Candidate Name Tim Johnson		
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) ▼	TIM JOHNSON FOR SOUTH DAK- OTA INC
State: SD District: 2		Transaction ID: 4986138

Full Name (Last, First, Middle Initial) <b>B. Doggett for U.S. Congress Committee</b>		Date of Disbursement 03 / 23 / 2001
Mailing Address P.O. Box 5843 City: Austin State: TX Zip Code: 78703		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 DOGGETT FOR U.S. CONGRESS		011 Category/ Type
Candidate Name Mr. Lloyd Doggett		
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) ▼	DOGGETT FOR U.S. CONGRESS COMMITTEE
State: TX District: 10		Transaction ID: 4986132

Full Name (Last, First, Middle Initial) <b>C. Diane E Watson For Congress</b>		Date of Disbursement 03 / 23 / 2001
Mailing Address 6D1 S Glensaks Bl #211 City: Burbank State: CA Zip Code: 91502		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type
Candidate Name Rep. Diane Watson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ California Special E	Transaction ID: 4986133
State: CA District: 32		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>4000.00</b>
<b>TOTAL</b> 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) <b>A. Hoosiers Supporting Buyer for Congress</b>		Date of Disbursement 03 / 29 / 2001
Mailing Address 103 W. Broadway City: Manticella State: IN Zip Code: 47960		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 HOOSIERS SUPPORTING BUYER		011 Category/ Type HOOSIERS SUPPORTING BUYER FOR CONGRESS
Candidate Name Mr. Steve Buyer		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987780
State: IN District: 5		

Full Name (Last, First, Middle Initial) <b>B. Sheila Jackson Lee for Congress</b>		Date of Disbursement 03 / 29 / 2001
Mailing Address 1823 Banks Street City: Houston State: TX Zip Code: 77098		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 SHEILA JACKSON LEE FOR CONGR		011 Category/ Type SHEILA JACKSON LEE FOR CO- NGRESS
Candidate Name Ms. Sheila Jackson Lee		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987781
State: TX District: 18		

Full Name (Last, First, Middle Initial) <b>C. Reed Committee</b>		Date of Disbursement 03 / 29 / 2001
Mailing Address PO Box 862B City: Cranston State: RI Zip Code: 02920		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 REED COMMITTEE		011 Category/ Type REED COMMITTEE
Candidate Name Jack Reed		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987777
State: RI District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> 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) <b>A. Deal for Congress</b>		Date of Disbursement 03 / 29 / 2001
Mailing Address P.O. Box 902 City Gainesville State GA Zip Code 32503		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 DEAL FOR CONGRESS		011 Category/ Type DEAL FOR CONGRESS
Candidate Name Mr. Nathan Deal		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987779
State: GA District: 8		

Full Name (Last, First, Middle Initial) <b>B. Upton for All of Us</b>		Date of Disbursement 03 / 29 / 2001
Mailing Address P.O. Box 490 City St. Joseph State MI Zip Code 49085		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 UPTON FOR ALL OF US		011 Category/ Type UPTON FOR ALL OF US
Candidate Name Mr. Fred Upton		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987778
State: MI District: 6		

Full Name (Last, First, Middle Initial) <b>C. Friends of Sherrod Brown</b>		Date of Disbursement 03 / 29 / 2001
Mailing Address 111 Edgefield Dr. City Elyria State OH Zip Code 44035		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 FRIENDS OF SHERROD BROWN		011 Category/ Type FRIENDS OF SHERROD BROWN
Candidate Name Mr. Sherrod Brown		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987782
State: OH District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>38000.00</b>