

**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** 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) 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) X Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE) Election on in the State of
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Termination Report (TER) Election on in the State of
 (d) 30-Day Post-Election Report for the: Convention (12C) Special (12S) General (30G) Runoff (30R) Special (30S)

5. Covering Period 06 01 2001 through 06 30 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 07 16 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: 06 01 2001 To: 06 30 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		294666.64
(b) Cash on Hand at Beginning of Reporting Period	332442.22	
(c) Total Receipts (from Line 19)	27571.00	131946.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	360013.22	426613.22
7. Total Disbursements (from Line 30)	5500.00	72100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	354513.22	354513.22
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: ^{Month} 06 ^{Day} 01 ^{Year} 2001 To: ^{Month} 06 ^{Day} 30 ^{Year} 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)	10075.00	
(ii) Unitemized	17496.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	27571.00	125692.62
(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)	27571.00	125692.62
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	6253.96
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)	27571.00	131946.58
20. Total Federal Receipts (subtract Line 18 from Line 19)	27571.00	131946.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	72000.00
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	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	5500.00	72100.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	5500.00	72100.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	27571.00	125692.62
33. Total Contribution Refunds (from Line 28(d)).....	0.00	100.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	27571.00	125592.62
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 / 21	
	<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. David Gleitman, DPM

Mailing Address
2000 Hampton Ctr. #B

City State Zip Code
Morgantown WV 26505-2997

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FootWise Podiatry of West Virginia Podiatrist

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

Transaction ID: 10000020757400002

B. Full Name (Last, First, Middle Initial)
Dr. David Feller, DPM

Mailing Address
2844 Mossie Blvd. #115

City State Zip Code
Monroeville PA 15146-3348

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ankle & Foot Center Podiatrist

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

Transaction ID: 10000020758000003

C. Full Name (Last, First, Middle Initial)
Dr. John D'Amico, DPM

Mailing Address
187 N. Main St.

City State Zip Code
Wallingford CT 06492-3721

Date of Receipt
M M / D D / Y Y Y Y
06 / 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: 10000020738500004

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 / 21	
	<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. Steven Damon, DPM

Mailing Address
64 Palomba Dr.

City State Zip Code
Enfield CT 06082-3844

Date of Receipt
M M / D D / Y Y Y Y
06 / 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: 10000020738800006

B. Full Name (Last, First, Middle Initial)
Dr. Davang Patel, DPM

Mailing Address
4 Colony St.

City State Zip Code
Norwalk CT 06851

Date of Receipt
M M / D D / Y Y Y Y
06 / 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: 10000020738700006

C. Full Name (Last, First, Middle Initial)
Dr. David Freedman, DPM

Mailing Address
3801 International Dr. #204

City State Zip Code
Silver Spring MD 20906-1550

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 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: 10000020738900007

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 / 21	
	<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. Edward Anderson, DPM

Mailing Address
319 Audubon St.
City Henderson State KY Zip Code 42420

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 1

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: 10000020759200008

Full Name (Last, First, Middle Initial)
B. Dr. Eliot Michael, DPM

Mailing Address
882 S.E. Oak St.
City Hillsboro State OR Zip Code 97123-4240

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 1

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hillsboro Foot Clinic Podiatrist

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

Transaction ID: 10000020749300009

Full Name (Last, First, Middle Initial)
C. Dr. Daniel Fulmer, DPM

Mailing Address
1551 Bishop #210
City San Luis Obispo State CA Zip Code 93401-4838

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 1

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
San Luis Podiatry Podiatrist

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

Transaction ID: 10000020753600010

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 21	
	<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. Gail Johnson, DPM

Mailing Address
P.O. Box 1475

City State Zip Code
Arroyo Grande CA 93421

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 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: 10000020753700011

B. Full Name (Last, First, Middle Initial)
Dr. Keith Turlington, DPM

Mailing Address
10000 Watson Rd. #2R

City State Zip Code
Crestwood MO 63126-1854

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 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: 10000020778800012

C. Full Name (Last, First, Middle Initial)
Dr. Mare Bruell, DPM

Mailing Address
1550 S. Woodland Ave.

City State Zip Code
Michigan City IN 46360

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 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: 10000020778800013

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: PAGE 9 / 21

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth Sengpiel, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2001

2368 Nicholasville Rd. #503

City

State

Zip Code

Lexington

KY

40503-3063

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) ▼

250.00

Transaction ID: 10000020778900014

Full Name (Last, First, Middle Initial)

B. Dr. Harry Goldsmith, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 12 / 2001

13337 E. South St. #325

City

State

Zip Code

Cerritos

CA

90703

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) ▼

250.00

Transaction ID: 10000020751400015

Full Name (Last, First, Middle Initial)

C. Dr. Stephen Wan, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 12 / 2001

3400 W. Lomita Blvd. #403

City

State

Zip Code

Torrance

CA

90505-4901

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer

Occupation

W. Torrance Podiatrists Group, In-
c.

Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

250.00

Transaction ID: 10000020751600016

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Thomas Jacobs, DPM

Mailing Address
700 Center St. #508

City State Zip Code
Columbus GA 31901-1545

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 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: 10000020756500017

Full Name (Last, First, Middle Initial)
B. Dr. B. Richard Burke, DPM

Mailing Address
1761 W. Romneya Dr. E.

City State Zip Code
Anaheim CA 92801-1816

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 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: 10000020778000018

Full Name (Last, First, Middle Initial)
C. Dr. Leonette May, DPM

Mailing Address
1761 W. Romneya Dr. E.

City State Zip Code
Anaheim CA 92801-1816

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Anaton Podiatric Surgery Group Podiatrist

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

Transaction ID: 10000020778100019

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 11 / 21	
	<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. Darrel Prins, DPM

Mailing Address
3D11 N.E. West Devils Lake Rd.
City State Zip Code
Lincoln City OR 97367

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lincoln County Foot Health Center Podiatrist

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

Transaction ID: 10000020756700020

Full Name (Last, First, Middle Initial)
B. Dr. John Castle, DPM

Mailing Address
1227 N.E. 7th St.
City State Zip Code
Grants Pass OR 97526-1423

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 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) ▼ 250.00

Transaction ID: 10000020760700021

Full Name (Last, First, Middle Initial)
C. Dr. Patrick Evoy, DPM

Mailing Address
2408 N.E. Division St. #100
City State Zip Code
Bend OR 97701-3543

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2001

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cascade Foot Clinic Podiatrist

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

Transaction ID: 10000020760800022

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 / 21	
	<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. Samuel Woociker, DPM

Mailing Address
445 Warrior Trl.

City State Zip Code
Enterprise FL 32725-2456

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
75.00

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 10000020781800023

Full Name (Last, First, Middle Initial)
B. Dr. Harold Sterling, DPM

Mailing Address
1500 W. Saginaw St.

City State Zip Code
Lansing MI 48915-1353

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
500.00

Name of Employer Occupation
Podiatrist

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

Transaction ID: 10000020788800024

Full Name (Last, First, Middle Initial)
C. Dr. Kirk Davis, DPM

Mailing Address
601 Wayne Ave.

City State Zip Code
Chambersburg PA 17201-3805

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Occupation
Podiatrist

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

Transaction ID: 10000020790300025

SUBTOTAL of Receipts This Page (optional) ▶ **825.00**

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 / 21	
	<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. Stanley Leis, DPM

Mailing Address
808 N. Liberty St.

City State Zip Code
Boise ID 83704-8703

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 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: 10000020780400028

Full Name (Last, First, Middle Initial)
B. Dr. Rebecca Smiley-Leis, DPM

Mailing Address
808 N. Liberty St.

City State Zip Code
Boise ID 83704-8703

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 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: 10000020780500027

Full Name (Last, First, Middle Initial)
C. Dr. Eric Hubbard, DPM

Mailing Address
Long Beach Memorial Med. Ctr. 2333 Pacific Ave.

City State Zip Code
Long Beach CA 90806-3025

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 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: 10000020781400028

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 / 21	
	<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. Steven Tilles, DPM

Mailing Address
7131 Liberty Rd. #100

City State Zip Code
Baltimore MD 21207-4575

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 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) ▼ 250.00

Transaction ID: 10000020782700029

Full Name (Last, First, Middle Initial)
B. Dr. Paul Schwarz, DPM

Mailing Address
1479 Ygnacio Valley Rd. #102

City State Zip Code
Walnut Creek CA 94598-2945

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 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: 10000020791800030

Full Name (Last, First, Middle Initial)
C. Dr. Albert Brown, DPM

Mailing Address
4879 Coconut Creek Pkwy.

City State Zip Code
Coconut Creek FL 33066

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 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: 10000020785700031

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 21	
	<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 Wuertzer, DPM

Mailing Address
1550 E. Main St.

City State Zip Code
Dothan AL 36301-3012

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 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: 10000020786200032

B. Full Name (Last, First, Middle Initial)
Dr. Ira Bennett, DPM

Mailing Address
5424 Grand Blvd.

City State Zip Code
New Port Richey FL 34652-4008

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 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: 10000020786300033

C. Full Name (Last, First, Middle Initial)
Dr. Andrew Levy, DPM

Mailing Address
3375 Bums Rd. #105

City State Zip Code
Palm Beach Gardens FL 33410-4360

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 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) ▼ 250.00

Transaction ID: 10000020786500034

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 21

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. Michael Fine, DPM

Mailing Address
7B48 Sonoma Springs Cir. #G207

City State Zip Code
Lake Worth FL 33463-7939

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 1

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

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

Amount of Each Receipt this Period
500.00

Transaction ID: 10000020810400035

B. Full Name (Last, First, Middle Initial)
Dr. Darin Lewis, DPM

Mailing Address
3B11 Bissell Ave.

City State Zip Code
Richmond CA 94805-2256

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 1

FEC ID number of contributing federal political committee.

Name of Employer Occupation
W. County Family Foot Center Podiatrist

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

Amount of Each Receipt this Period
250.00

Transaction ID: 10000020787300036

C. Full Name (Last, First, Middle Initial)
Dr. Fad Melek, DPM

Mailing Address
1833 S.W. Fairhill Dr.

City State Zip Code
Roseburg OR 97470

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 1

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

Amount of Each Receipt this Period
125.00

Transaction ID: 10000020812400037

SUBTOTAL of Receipts This Page (optional) ▶ **875.00**

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 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Robert Sampson, DPM

Mailing Address
10535 N.E. Glisan
City State Zip Code
Portland OR 97220

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2001

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer
Health First Medical Clinic

Occupation
Podiatrist

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

Transaction ID: 10000020812800038

Full Name (Last, First, Middle Initial)
B. Dr. Barry Wessalowski, DPM

Mailing Address
208 N. 8th St P.O. Box 372
City State Zip Code
Independence KS 67301

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 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: 10000020809000039

Full Name (Last, First, Middle Initial)
C. Dr. Gregory Spain, DPM

Mailing Address
235 Humphrey Rd. 2 Pineview Pl. #4
City State Zip Code
Greensburg PA 15801-4579

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 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: 10000020809400040

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 21

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. R. Davis, DPM

Mailing Address
2408 Main St.

City State Zip Code
Bridgeport CT 06606-5324

Date of Receipt
M / D / Y Y Y Y
06 / 30 / 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: 10000020822900041

B. Full Name (Last, First, Middle Initial)
Dr. Eric Silverstein, DPM

Mailing Address
85 Seymour St #408

City State Zip Code
Hartford CT 06106-5526

Date of Receipt
M / D / Y Y Y Y
06 / 30 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CT Surgical Group Podiatrist

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

Transaction ID: 10000020823500042

C.

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	10075.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 21

<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. Ehrlich for Congress Committee		Date of Disbursement 06 / 13 / 2001	
Mailing Address 1301 York Rd. City: Lutherville State: MD Zip Code: 21093		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Robert Ehrlich, U.S. HOUSE		24K Category/ Type	
Candidate Name Mr. Robert Ehrlich Jr.			
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: MD District: 2	Transaction ID: 10000020823700002		

Full Name (Last, First, Middle Initial) B. Friends of Sherrod Brown		Date of Disbursement 06 / 13 / 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:\$2000.00 Sherrod Brown, U.S. HOUSE 1		24K Category/ Type	
Candidate Name Mr. Sherrod Brown			
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: OH District: 13	Transaction ID: 10000020823900003		

Full Name (Last, First, Middle Initial) C. Nethercutt For Congress		Date of Disbursement 06 / 13 / 2001	
Mailing Address P.O. Box 1925 City: Spokane State: WA Zip Code: 99201		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 George R. Nethercutt, U.S.		24K Category/ Type	
Candidate Name George R. Nethercutt Jr.			
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: WA District: 6	Transaction ID: 10000020824000004		

SUBTOTAL of Receipts 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 21

<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) A. McCoy For Congress		Date of Disbursement 06 / 13 / 2001	
Mailing Address 2421 E Leach Avenue City State Zip Code Des Moines IA 50320		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Matt McCoy, IA		24K Category/ Type	
Candidate Name Matt McCoy			
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IA District:	Transaction ID: 10000020824100005		

Full Name (Last, First, Middle Initial) B. Friends of Senator Carl Levin		Date of Disbursement 06 / 18 / 2001	
Mailing Address P.O. Box 1857 City State Zip Code Detroit MI 48231		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:5500.00 Carl Levin, U.S. SENATE MI		24K Category/ Type	
Candidate Name Mr. Carl Levin			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MI District:	Transaction ID: 10000020782800006		

Full Name (Last, First, Middle Initial) C. Diana DeGette for Congress		Date of Disbursement 06 / 18 / 2001	
Mailing Address P.O. Box 61337 City State Zip Code Denver CO 80206		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:51000.00 Diana DeGette, U.S. HOUSE 1		24K Category/ Type	
Candidate Name Diana DeGette			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CO District: 1	Transaction ID: 10000020782800007		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
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)

PAGE 21 / 21

<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. Jim Davis for Congress		Date of Disbursement 06 / 18 / 2001	
Mailing Address 3716 W Swann Avenue City Tampa State FL Zip Code 33609		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD: \$500.00 Jim Davis, U.S. HOUSE 11th F		24K Category/ Type	
Candidate Name Mr. Jim Davis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: FL District: 11	Transaction ID: 10000020783000008		

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	5500.00