

**FEC  
FORM 3X**

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

Office Use Only

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

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

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

C00008639

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

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

5. Covering Period 02 01 2001 through 02 28 2001

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

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

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

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

Office Use Only

**FEC FORM 3X**  
(Revised 1/2001)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
APMA Podiatry Political Action Committee

Report Covering the Period: From: <sup>h</sup>02 <sup>D</sup>01 <sup>v</sup>2001 To: <sup>h</sup>02 <sup>D</sup>28 <sup>v</sup>2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> 2001		294666.64
(b) Cash on Hand at Beginning of Reporting Period .....	313733.65	
(c) Total Receipts (from Line 19) .....	16070.73	35137.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	329804.38	329804.38
7. Total Disbursements (from Line 30) .....	2500.00	3500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	327304.38	326304.38
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-426-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

APMA Podiatry Political Action Committee

Report Covering the Period: From: <sup>MM</sup>02 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>02 <sup>DD</sup>28 <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) .....	7955.12	
(ii) Unitemized .....	8115.61	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	16070.73	35137.74
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	16070.73	35137.74
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	16070.73	35137.74
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	16070.73	35137.74

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	3500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	2500.00	3500.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	2500.00	3500.00
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	16070.73	35137.74
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	16070.73	35137.74
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 5 / 13

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

A. Dr. David Y. S. Yee

Date of Receipt

Mailing Address

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

9B-1425 D Kashumanu St

City

State

Zip Code

Aiea

HI

06701

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
HI Foot Clinic

Occupation  
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 4967575

Full Name (Last, First, Middle Initial)

B. Dr. Norman W. Goldman

Date of Receipt

Mailing Address

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

4704 Villa Vera

City

State

Zip Code

Arlington

TX

76017-2602

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
Self-Employed

Occupation  
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 4968D15

Full Name (Last, First, Middle Initial)

C. Dr. Robert A. Boudreau

Date of Receipt

Mailing Address

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

19358 Hidden Lake Dr.

City

State

Zip Code

Tyler

TX

75703-8820

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
Self-Employed

Occupation  
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 4968D13

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 13	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. W. Christopher Fleming

Mailing Address  
3300 S.W. 33rd Rd.

City State Zip Code  
Ocala FL 34474-7458

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 13 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed  
Occupation  
Podiatrist

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

Transaction ID: 4967601

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

Mailing Address  
3 Glendorian Ct.

City State Zip Code  
Cockeysville MD 21030-2407

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

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
White Flint Podiatry Center  
Occupation  
Podiatrist

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

Transaction ID: 4968678

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

Mailing Address  
2315 Freysville Rd.

City State Zip Code  
Red Lion PA 17356-8263

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Associated Foot & Ankle Specialists  
Occupation  
Podiatrist

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

Transaction ID: 4968655

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 13

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. Brian W. Cornel**

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

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

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4968721

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

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

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

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 5282824

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

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

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

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4968715

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 13	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Wesley L. Daniel

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

Mailing Address  
751 Little John Cir.

City State Zip Code  
Gainesville GA 32601-2025

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Gainesville Podiatry Clinic Podiatrist

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

Transaction ID: 4968720

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

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

Mailing Address  
519 S. Van Buren Rd. #D

City State Zip Code  
Eden NC 27288-5015

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Podiatrist

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

Transaction ID: 4967613

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

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

Mailing Address  
885 Trail Ridge Rd.

City State Zip Code  
Aiken SC 29803-7734

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: 4967629

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

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 13	
	<input checked="" type="checkbox"/> 11a	<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. John V. Vance**

Mailing Address  
201 Meadow Wood Rd.

City State Zip Code  
Gadsden AL 35901

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4967649

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

Mailing Address  
1852 E. 24th Ave.

City State Zip Code  
Anchorage AK 99508-4009

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4967627

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

Mailing Address  
2741 Debarr Rd. #C-315

City State Zip Code  
Anchorage AK 99508-2903

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4967628

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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Rick B. Raper

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

Mailing Address  
2820 Palo Alto Dr. N.E.

City State Zip Code  
Albuquerque NM 87112-2191

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4967619

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

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

Mailing Address  
175 Harbour Point Dr.

City State Zip Code  
Oak Grove Island GA 31523-8983

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4967624

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

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

Mailing Address  
1322 Pavilion Club Way

City State Zip Code  
Reston VA 20194-1338

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: 4967642

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

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Timothy D. Kemple**

Mailing Address  
11 Elwood Rd.

City State Zip Code  
Derry NH 03038-5426

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4967622

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

Mailing Address  
5 Terracewood Rd.

City State Zip Code  
Londonderry NH 03053-2409

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4967621

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

Mailing Address  
5930 W. Creedance Blvd.

City State Zip Code  
Glendale AZ 85310-3728

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4967634

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 13

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. Kent L. Magrini

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
02 / 27 / 2001

8917 S. 30th

City State Zip Code

Fort Smith AR 72908-8967

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation  
Foot Health Center Podiatrist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: 4967640

Full Name (Last, First, Middle Initial)

B. Brokerage Firm Advest, Inc.

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
02 / 28 / 2001

17 W. Main Street

City State Zip Code

Avon CT 06001-3717

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1205.12

Name of Employer Occupation  
Advest, Inc. Investment Firm

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1873.12

Transaction ID: 4968017

C.

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 13

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

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

Full Name (Last, First, Middle Initial) <b>A. Torricelli for U.S. Senate</b>		Date of Disbursement 02 / 07 / 2001
Mailing Address 1300 Connecticut Ave NW Suite 600 City: Washington State: DC Zip Code: 20036		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 TORRICELLI FOR U.S. SENATE		011 Category/ Type TORRICELLI FOR U.S. SENATE
Candidate Name Robert G. Torricelli		
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: 4987598
State: NJ District: 2		

Full Name (Last, First, Middle Initial) <b>B. Luther for Congress Volunteer Committee</b>		Date of Disbursement 02 / 07 / 2001
Mailing Address 1399 Geneva Avenue North, Suite 20 City: Oakdale State: MN Zip Code: 55128		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 LUTHER FOR CONGRESS VOLUNTEER		011 Category/ Type LUTHER FOR CONGRESS VOLUNTEER COMMITTEE
Candidate Name Mr. William P. Bill Luther		
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: 4987595
State: MN District: 6		

Full Name (Last, First, Middle Initial) <b>C. Hulshof for Congress</b>		Date of Disbursement 02 / 07 / 2001
Mailing Address P.O. Box 1621 City: Columbia State: MO Zip Code: 65205		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 HULSHOF FOR CONGRESS		011 Category/ Type HULSHOF FOR CONGRESS
Candidate Name Mr. Kenny Hulshof		
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: 4987597
State: MO District: 8		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2500.00</b>