

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

<b>1. NAME OF COMMITTEE (in full)</b> <b>APMA Podiatry Political Action Committee</b>		<b>2. FEC IDENTIFICATION NUMBER</b> C00008839
<b>ADDRESS (number and street)</b> 9312 Old Georgetown Road	<input type="checkbox"/> Check if different than previously reported	
<b>CITY, STATE, and ZIP CODE</b> Bethesda MD 20814-1698		3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20       | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20          | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20          | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input checked="" type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_  
(election type)
- election on \_\_\_\_\_ In the State of \_\_\_\_\_
- Thirtieth day report following the General Election  
on \_\_\_\_\_ In the State of \_\_\_\_\_
- (b) Is this Report an Amendment  YES  NO

<b>SUMMARY</b>	<b>COLUMN A This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
5. Covering Period <u>04/01/2001</u> through <u>04/30/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u> .....		294886.84
(b) Cash on Hand at Beginning of Reporting Period .....	329247.47	
(c) Total Receipts (from line 19) .....	14549.54	90830.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	343797.01	385297.01
7. Total Disbursements (from line 30) .....	14000.00	55500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	329797.01	329797.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	<b>For further information contact:</b> Federal Election Commission 989 E Street, NW Washington, DC 20463  Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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 <b>Electronically Filed by Dr. Gerald Peterson DPM</b>	
Signature of Treasurer	Date 05/14/2001

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

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**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>APMA Podiatry Political Action Committee</b>		REPORT COVERING PERIOD FROM 04/01/2001 TO: 04/30/2001	
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	2550.00	35630.00	11.a.i.
ii. Unitemized .....	10486.00	50148.62	11.a.ii.
iii. Total .....	13036.00	85778.62	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	11.c.
d. Total Contributions .....	13036.00	85778.62	11.d.
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00	12.
13. All Loans Received .....	0.00	0.00	13.
14. Loan Repayments Received .....	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1513.54	4851.75	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	14549.54	90630.37	19.
20. Total Federal Receipts .....	14549.54	90630.37	20.
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	0.00	0.00	21.a.i.
ii. Non-Federal Share .....	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures .....	0.00	0.00	21.b.
c. Total Operating Expenditures .....	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	14000.00	55500.00	23.
24. Independent Expenditures (use Schedule E) .....	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made .....	0.00	0.00	26.
27. Loans Made .....	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....	0.00	0.00	28.a.
b. Political Party Committees .....	0.00	0.00	28.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	28.c.
d. Total Contributions Refunds .....	0.00	0.00	28.d.
29. Other Disbursements .....	0.00	0.00	29.
30. Total Disbursements .....	14000.00	55500.00	30.
31. Total Federal Disbursements .....	14000.00	55500.00	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	13036.00	85778.62	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	13036.00	85778.62	34.
35. Total Federal Operating Expenditures .....	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	0.00	0.00	37.

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 7</b>
			FOR LINE NUMBER <b>11a</b>

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**

<b>Full Name, Mailing Address, and ZIP Code</b> Dr. John Simons, DPM  6001 Southwinds Dr.  North Little Rock AR 72118-5234  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 04/02/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Linda Alexander, DPM  333 4th Ave. N. P.O. Box 50966 Jacksonville Beach FL 32250-5821  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 04/11/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Arnold Barash, DPM  2202-A Executive Dr.  Hampton VA 23666-6604  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Peninsula Foot & Ankle Sp-ec., P.L.C.	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 50.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Deborah DeRose, DPM  880 Old Post Rd.  Fairfield CT 06430-8403  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 04/17/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Brian Holcomb, DPM  236 Atlanta Rd.  Cumming GA 30130-2810  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Cumming Foot & Leg Clinic	Date (month, day, year) 04/18/2001	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Richard Grant, DPM  36622 Green St.  New Baltimore MI 48047-2538  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 04/20/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Thomas Johnson, DPM  1350 Sullivan Ave.  South Windsor CT 06074-2713  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Podiatry Care	Date (month, day, year) 04/24/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>4 / 7</b>
			FOR LINE NUMBER <b>11a</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Maureen Connelly, DPM  959 Gardenia Dr.  Delray Beach FL 33483-4806  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer   	Date (month, day, year) 04/24/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > 5 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Kathleen Brace-Gaul, DPM  1710 Ed Carey Dr.  Harlingen TX 78550-8202  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Harlingen Podiatry Associates	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > 5 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. James Lisle, DPM  3474 Liberty Rd. 8  Salem OR 97302-4607  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Cascade Foot Center	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > 5 250.00		

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<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>2550.00</b>

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	5 / 7
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER 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.		
<b>NAME OF COMMITTEE (In Full)</b> <b>APMA Podiatry Political Action Committee</b>		
<b>Full Name, Mailing Address, and ZIP Code</b> Advest. Inc.  22 Waterville Rd.  Avon CT 06001-2006	<b>Name of Employer</b> Brokerage Firm  <b>Occupation</b>	<b>Date (month, day, year)</b> 04/30/2001  <b>Amount of Each Receipt This Period</b> 1513.54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > 5    4851.75	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....		
<b>TOTALS</b> This Period (last page this line number only) .....		<b>1513.54</b>

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		<b>6 / 7</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>APMA Podiatry Political Action Committee</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Jesse Jackson Jr For Congress Committee 2559 E 72nd St  Chicago IL 60649	<b>Purpose of Disbursement</b> Jesse L. Jackson, U.S. HOUSE 2nd IL (House - IL - 2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 04/18/2001	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of Dick Durbin  P.O. Box 1949  Springfield IL 62705	<b>Purpose of Disbursement</b> Richard J. Durbin, U.S. HOUSE 20th IL (House - IL - 20) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 04/18/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Pickering For Congress  Po Box 6440  Laurel MS 39441	<b>Purpose of Disbursement</b> Charles W. Chip Pickering, U.S. HOUSE 3r (House - MS - 3) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 04/18/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Gephardt in Congress Committee  7435 Watson Rd.  St. Louis MO 63119	<b>Purpose of Disbursement</b> Richard A. Gephardt, U.S. HOUSE 3rd MO (House - MO - 3) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 04/18/2001	<b>Amount of Each Disbursement This Period</b> 2000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Kay Granger Campaign Fund  910 Houston Street Suite 105-C  Fort Worth TX 76102	<b>Purpose of Disbursement</b> Kay Granger, U.S. HOUSE 12th TX (House - TX - 12) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 04/23/2001	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Ben Cardin for Congress  100 East Pratt St. 27th Floor Baltimore MD 21202	<b>Purpose of Disbursement</b> Benjamin L. Cardin, U.S. HOUSE 3rd MD (House - MD - 3) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 04/23/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Craig for U.S. Senate  P.O. Box 2754  Boise ID 83701	<b>Purpose of Disbursement</b> Larry E. Craig, U.S. SENATE ID (Senate - ID - ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 04/23/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of Sessions Senate Co- mmittee P.O. Box 4278  Montgomery AL 36103	<b>Purpose of Disbursement</b> Jeff Sessions, U.S. SENATE AL (Senate - AL - ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 04/23/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Pallone for Congress  P.O. Box 3176  Long Branch NJ 07440	<b>Purpose of Disbursement</b> Frank Pallone, U.S. HOUSE 6th NJ (House - NJ - 6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 04/25/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	7 / 7
					FOR LINE NUMBER 23
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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>APMA Podiatry Political Action Committee</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of Senator Rockefeller  Suite 300 245 Second Street, NE Washington DC 20002		<b>Purpose of Disbursement</b> John D. Rockefeller, U.S. SENATE WV (Senate - WV - ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002		Date (month, day, year) 04/25/2001	Amount of Each Disbursement This Period 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Bill Thomas Campaign Committee  P.O. Box 395  Bakersfield CA 93302		<b>Purpose of Disbursement</b> Bill Thomas, U.S. HOUSE 21st CA (House - CA - 21) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002		Date (month, day, year) 04/25/2001	Amount of Each Disbursement This Period 2000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Larson for Congress  29 Ruff Circle  Glastonbury CT 06033		<b>Purpose of Disbursement</b> John B. Larson, U.S. HOUSE 1st CT (House - CT - 1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002		Date (month, day, year) 04/25/2001	Amount of Each Disbursement This Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Simmons For Congress  12 Roosevelt Ave Box 4  Mystic CT 06355		<b>Purpose of Disbursement</b> Rob Simmons, U.S. HOUSE 2nd CT (House - CT - 2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002		Date (month, day, year) 04/25/2001	Amount of Each Disbursement This Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Jefferson Committee  650 Poydras St Suite 2245  New Orleans LA 70130		<b>Purpose of Disbursement</b> William J. Jefferson, U.S. HOUSE 2nd LA (House - LA - 2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002		Date (month, day, year) 04/25/2001	Amount of Each Disbursement This Period 1000.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					<b>14000.00</b>