

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 JAN 23 P 12:39

USE FEC MAILING LABEL OR TYPE OR PRINT

| | |
|--|--|
| 1. NAME OF COMMITTEE (in full) APMA Podiatry Political Action Committee | |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9312 Old Georgetown Road | 2. FEC IDENTIFICATION NUMBER C00008830 |
| CITY, STATE and ZIP CODE Bethesda, MD 20814-1698 | 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate 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 type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) 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

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 5. Covering Period <u>11/28/00</u> through <u>12/31/00</u> | | |
| 6. (a) Cash on Hand January 1, <u>2000</u> | | \$ <u>262,555.71</u> |
| (b) Cash on Hand at Beginning of Reporting Period | \$ <u>283,697.79</u> | |
| (c) Total Receipts (from Line 19) | \$ <u>15,074.21</u> | \$ <u>253,969.78</u> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ <u>298,772.00</u> | \$ <u>516,525.49</u> |
| 7. Total Disbursements (from Line 30) | \$ <u>4,105.36</u> | \$ <u>221,658.85</u> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ <u>294,666.64</u> | \$ <u>294,666.64</u> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ <u>0.00</u> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ <u>0.00</u> | |

For further information contact:
Federal Election Commission
950 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 John R. Carson | Date |
| Signature of Treasurer <i>John R. Carson</i> | <u>1-18-01</u> |

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

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

| NAME OF COMMITTEE APMA Podiatry Political Action Committee | REPORT COVERING PERIOD | | |
|---|-------------------------------|---------------------------|------------|
| | FROM 11/28/00 | TO 12/31/00 | |
| | COLUMN A Total This Period | COLUMN B Calendar Year | |
| I. Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 2,425.00 | 01,001.00 | 11(a)(i) |
| ii. Unitemized | 6,923.00 | 142,820.00 | 11(a)(ii) |
| iii. Total (add i and ii) > | 9,348.00 | 234,821.00 | 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 (add a iii, b and c) > | 9,348.00 | 234,821.00 | 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 | 2,500.00 | 3,000.00 | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 2,826.21 | 16,146.78 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 15,074.21 | 253,969.78 | 19 |
| 20. Total Federal Receipts (subtract line 16 from line 19) > | 15,074.21 | 253,969.78 | 20 |
| II. Disbursements | | | |
| 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 | 105.36 | 474.01 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) > | 105.36 | 474.01 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 4,000.00 | 218,350.00 | 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 Schedule 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. Individual/Persons Other Than Political Committees | 0.00 | 3,034.84 | 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 Contribution Refunds (add a, b and c) > | 0.00 | 3,034.84 | 28(d) |
| 29. Other Disbursements | 0.00 | 0.00 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 4,105.36 | 221,858.85 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | 4,105.36 | 221,858.85 | 31 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 9,348.00 | 234,821.00 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 3,034.84 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 9,348.00 | 231,786.16 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | 105.36 | 474.01 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | 105.36 | 474.01 | 37 |

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

| NAME OF COMMITTEE APMA Podiatry Political Action Committee | REPORT COVERING PERIOD | | |
|---|-------------------------------|---------------------------|------------|
| | FROM 11/03/00 | TO 12/31/00 | |
| | COLUMN A Total This Period | COLUMN B Calendar Year | |
| I Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 3,425.00 | 91,001.00 | 11(a)(i) |
| ii. Unitemized | 6,323.00 | 142,820.00 | 11(a)(ii) |
| iii. Total (add i and ii) > | 9,748.00 | 234,821.00 | 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 (add a iii, b and c) > | 9,748.00 | 234,821.00 | 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 | 2,600.00 | 3,000.00 | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 2,825.21 | 16,148.78 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 15,074.21 | 253,969.78 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) > | 15,074.21 | 253,969.78 | 20 |
| II Disbursements | | | |
| 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 | 34.48 | 403.13 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) > | 34.48 | 403.13 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 4,070.88 | 218,420.88 | 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 Schedule 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. Individual/Persons Other Than Political Committees | 0.00 | 3,034.84 | 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 Contribution Refunds (add a, b and c) > | 0.00 | 3,034.84 | 28(d) |
| 29. Other Disbursements | 0.00 | 0.00 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 4,105.36 | 221,858.85 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a i from line 30) > | 4,105.36 | 221,858.85 | 31 |
| III Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 9,748.00 | 234,821.00 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 3,034.84 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 9,748.00 | 231,786.16 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | 34.48 | 403.13 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | 34.48 | 403.13 | 37 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11 a 1

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, Mailing Address and ZIP Code Richard Poffley DPM 1111 Liberty St. S.E. Salem, OR 97302-4142 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Salem Foot Clinic Occupation Podiatrist Aggregate Year-to-Date > \$ 600.00 | Date (month, day, year) 11/28/00 | Amount of Each Receipt this Period 500.00 |
|---|--|-------------------------------------|--|
| B. Full Name, Mailing Address and ZIP Code Bruce Erdmann DPM 705 Cliffwood Ln. La Crosse, WI 54601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Self-Employed Occupation Podiatrist Aggregate Year-to-Date > \$ 224.00 | Date (month, day, year) 12/05/00 | Amount of Each Receipt this Period 125.00 |
| C. Full Name, Mailing Address and ZIP Code Jenny Hall DPM 207 Lee St. Goldsboro, NC 27530-3821 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Wayne Foot Specialists, P.C. Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00 | Date (month, day, year) 12/05/00 | Amount of Each Receipt this Period 100.00 |
| D. Full Name, Mailing Address and ZIP Code Thomas Freeman II DPM 3305 N. Everbrook Ln. Muncie, IN 47304-5271 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Self-Employed Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 12/07/00 | Amount of Each Receipt this Period 250.00 |
| E. Full Name, Mailing Address and ZIP Code Robert Levine DPM 9110 Leagata Rd. #3 Louisville, KY 40222-8561 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Podiatric Physicians of KY Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 12/06/00 | Amount of Each Receipt this Period 250.00 |
| F. Full Name, Mailing Address and ZIP Code Harry Gasson DPM 816 W. Lamar Alexander Pkwy. Maryville, TN 37601-3904 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Self-Employed Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00 | Date (month, day, year) 12/11/00 | Amount of Each Receipt this Period 300.00 |
| G. Full Name, Mailing Address and ZIP Code David Gutierrez DPM 2100 Barlow Ave. Bronx, NY 10475-4614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Self-Employed Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 12/12/00 | Amount of Each Receipt this Period 250.00 |

SUBTOTAL of Receipts This Page (optional)

1,775.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11a

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, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---------------------------------|------------------------------------|------------------------------------|
| Robert Warkala DPM 446 Hurffville-Crosskeys Rd. #86 Sewell, NJ 08080-2319 | Self-Employed | 12/12/00 | 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Podiatrist | Aggregate Year-to-Date > \$ 250.00 | |
| Barbara Kaiser DPM 10520 Park Rd. #103 Charlotte, NC 28228-3910 | Carmel Foot Specialists, P.A. | 12/21/00 | 300.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Podiatrist | Aggregate Year-to-Date > \$ 300.00 | |
| Gregory Burns DPM 215 W. 29th #B Kearney, NE 68845-3430 | Self-Employed | 12/26/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Podiatrist | Aggregate Year-to-Date > \$ 250.00 | |
| Geoffrey Bricker DPM 2828 N. National Ave. #H Springfield, MO 65803-4308 | Self-Employed | 12/29/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Podiatrist | Aggregate Year-to-Date > \$ 250.00 | |
| Stephen Silvan DPM Kaiser Permanente Medical Ctr. Dept. of Orthopedics/Podiatry Walnut Creek, CA 94596-5318 | Self-Employed | 12/31/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Podiatrist | Aggregate Year-to-Date > \$ 250.00 | |
| George Merritt DPM 1888 Buford Blvd. Tallahassee, FL 32308-4442 | Tallahassee Podiatry Associates | 12/31/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Podiatrist | Aggregate Year-to-Date > \$ 250.00 | |
| Edward O'Brien DPM 135 W. Daras Beach Rd. Prince Frederick, MD 20678-3119 | Podiatry Group, P.A. | 12/31/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Podiatrist | Aggregate Year-to-Date > \$ 250.00 | |

SUBTOTAL of Receipts This Page (optional)

1,650.00

TOTAL This Period (last page this line number only)

3,425.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 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, Mailing Address and ZIP Code Carper for Senate P.O. Box 2882 Wilmington, DE 19808 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 2000 | Name of Employer Occupation Aggregate Year-to-Date > \$ 2,500.00 | Date (month, day, year) 12/31/00 | Amount of Each Receipt this Period 2,500.00 |
|--|--|---|--|
| B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 2,500.00 |
| TOTAL This Period (last page this line number only) | 2,500.00 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
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.

NAME OF COMMITTEE (in Full)

APMA Pediatric Political Action Committee

| A. Full Name, Mailing Address and ZIP Code Advest Inc. 22 Waterville Rd. Avon, CT 06001-2005 | Name of Employer Brokerage Firm Occupation | Date (month, day, year) 11/30/00 | Amount of Each Receipt this Period 1,351.98 |
|---|--|---|--|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date \rightarrow \$ 14,874.50 | |
| B. Full Name, Mailing Address and ZIP Code Advest Inc. 22 Waterville Rd. Avon, CT 06001-2005 | Name of Employer Brokerage Firm Occupation | Date (month, day, year) 12/31/00 | Amount of Each Receipt this Period 1,474.20 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date \rightarrow \$ 16,148.75 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date \rightarrow \$ | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date \rightarrow \$ | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date \rightarrow \$ | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date \rightarrow \$ | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date \rightarrow \$ | |

SUBTOTAL of Receipts This Page (optional) 2,826.21

TOTAL This Period (last page this line number only) 2,826.21

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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 Poetry Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------------------|--|
| Advest, Inc. 22 Waterville Rd. Avon, CT 06001-2006 | Interest Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/30/00 | 70.88 |
| B. Full Name, Mailing Address and ZIP Code Advest, Inc. 22 Waterville Rd. Avon, CT 06001-2006 | Purpose of Disbursement Interest Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 12/31/00 | Amount of Each Disbursement This Period 84.48 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 105.36 |
| TOTAL This Period (last page this line number only) | 105.36 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
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.

NAME OF COMMITTEE (In Full)

APMA Podiatry Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Bill Nelson for US Senate PO Box 10962 Tallahassee, FL 32302 | Bill Nelson, U.S. SENATE FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 12/06/00 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code Kerns for Congress Committee POST OFFICE BOX 87 PRAIRIETON, IN 47870 | Brian Kerns, U.S. HOUSE 7th IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 12/06/00 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code Carper For Senate 2000 600 West Mason Run Parkway Wilmington, DE 19802 | Thomas Carper, U.S. SENATE DE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 12/06/00 | 2,500.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements (This Page optional)

4,000.00

TOTAL This Period (last page this line number only)

4,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

| | |
|---|--------------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> First Class Mail | POSTMARKED 1/23/01 |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED (R/C) |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>CR</i> PREPARER | 1/23/01 DATE PREPARED |