

**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) X 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) 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 (12S) General (30G) Runoff (30R) Special (30S)  
 Election on in the State of

5. Covering Period 10 01 2001 through 10 31 2001

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

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
APMA Podiatry Political Action Committee

Report Covering the Period: From: <sup>10</sup> 10 <sup>01</sup> 01 <sup>2001</sup> 2001 To: <sup>10</sup> 10 <sup>03</sup> 31 <sup>2001</sup> 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>2001</sup> 2001		294666.64
(b) Cash on Hand at Beginning of Reporting Period .....	401081.43	
(c) Total Receipts (from Line 19) .....	16466.76	220254.55
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	417548.19	514921.19
7. Total Disbursements (from Line 30) .....	16075.00	113448.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	401473.19	401473.19
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 800-420-9530  
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>10 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>10 <sup>DD</sup>31 <sup>YYYY</sup>2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3724.00	
(ii) Unitemized .....	10868.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14592.00	210573.49
(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) .....	14592.00	210573.49
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1874.76	8681.06
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) .....	16466.76	220254.55
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	16466.76	220254.55

**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	11523.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	11523.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16075.00	101075.00
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	750.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	16075.00	113448.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	16075.00	113448.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	14592.00	210573.49
33. Total Contribution Refunds (from Line 28(d)).....	0.00	100.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	14592.00	210473.49
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	11523.00
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	11523.00

**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 / 19	
	<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. Glenn A. Ocker

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2001

Mailing Address  
2105 N. Tulare Ct

City State Zip Code  
Upland CA 91784-1425

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: 4969314

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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 03 / 2001

Mailing Address  
1060 Chambers St.

City State Zip Code  
Eugene OR 97402-3781

Amount of Each Receipt this Period  
249.00

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) ▼ 249.00

Transaction ID: 4968480

**C.** Full Name (Last, First, Middle Initial)  
Dr. Marc D. Lenet

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 05 / 2001

Mailing Address  
1 Shaded Glen Ct

City State Zip Code  
Owings Mills MD 21117-3048

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: 4969175

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **749.00**

**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 / 19	
	<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. Eugene F. Sherwood

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2001

Mailing Address  
7475 Algonquin Dr.

City State Zip Code  
Cincinnati OH 45243-3517

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Corrective Step Footcare Podiatrist

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

Transaction ID: 5017834

**B.** Full Name (Last, First, Middle Initial)  
Dr. Edward Brown, DPM

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2001

Mailing Address  
543 S.W. Third St.

City State Zip Code  
Lake Oswego OR 97034-3067

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Lake Oswego Foot Health Center Podiatrist

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

Transaction ID: 5017831

**C.** Full Name (Last, First, Middle Initial)  
Dr. Alan K. Meuser

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2001

Mailing Address  
425 S. Sherrin Ave.

City State Zip Code  
Louisville KY 40207-3817

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Podiatrist

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

Transaction ID: 5017832

**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 7 / 19	
	<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. Craig A. Wilhelms

Mailing Address  
2998 Northview Dr. S.W.

City State Zip Code  
Roanoke VA 24015-3965

Date of Receipt  
N M / D E / Y Y Y Y  
10 13 2001

Amount of Each Receipt this Period  
50.00

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: 4968517

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gerald D. Paterson

Mailing Address  
6627 Apollo Rd.

City State Zip Code  
West Linn OR 97068-2807

Date of Receipt  
N M / D E / Y Y Y Y  
10 17 2001

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Family Foot Clinic Occupation  
Podiatrist

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

Transaction ID: 4968101

**C.** Full Name (Last, First, Middle Initial)  
Dr. Charles F. Call

Mailing Address  
718 Beulah's Ln.

City State Zip Code  
Idaho Falls ID 83401-2340

Date of Receipt  
N M / D E / Y Y Y Y  
10 17 2001

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer Call Foot & Ankle Center Occupation  
Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 275.00

Transaction ID: 4968114

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **175.00**

**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 / 19	
	<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. Alan S. Woodle

Mailing Address  
8111 Greenwood Ave. N.

City State Zip Code  
Seattle WA 98103-4285

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 17 / 2001

Amount of Each Receipt this Period  
100.00

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) ▼ 225.00

Transaction ID: 4968129

**B.** Full Name (Last, First, Middle Initial)  
Dr. Patrick J. Evay

Mailing Address  
1205 N.E. 8th

City State Zip Code  
Bend OR 97701-4306

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 17 / 2001

Amount of Each Receipt this Period  
150.00

FEC ID number of contributing federal political committee.

Name of Employer Cascade Foot Clinic Occupation  
Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 400.00

Transaction ID: 4968125

**C.** Full Name (Last, First, Middle Initial)  
Dr. Charles R. Chu

Mailing Address  
5456 156th Ave. S.E.

City State Zip Code  
Bellevue WA 98006-5112

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 17 / 2001

Amount of Each Receipt this Period  
125.00

FEC ID number of contributing federal political committee.

Name of Employer Factoria Foot & Ankle Clinic Occupation  
Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 225.00

Transaction ID: 4968113

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **375.00**

**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)

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11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)  
A. Dr. Kenneth K. S. Meh

Date of Receipt

Mailing Address  
14485 S.W. Allen Blvd. #101  
City State Zip Code  
Beaverton OR 97005-4402

N M / D E / Y Y Y Y  
10 17 2001

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 250.00  
Other (specify) ▼

Transaction ID: 4968087

Full Name (Last, First, Middle Initial)  
B. Dr. Eugene E. Spector

Date of Receipt

Mailing Address  
1281 Crestview Dr.  
City State Zip Code  
San Carlos CA 94070-4237

N M / D E / Y Y Y Y  
10 17 2001

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4968094

Full Name (Last, First, Middle Initial)  
C. Dr. Peter J. Doll

Date of Receipt

Mailing Address  
1221 Huntspoint Way  
City State Zip Code  
Henderson KY 42420-2560

N M / D E / Y Y Y Y  
10 17 2001

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 250.00  
Other (specify) ▼

Transaction ID: 4968130

**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 10 / 19

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. Paul W. Auferheide

Mailing Address  
7D57 Zoey Pl. N.W. 9633 Levin Rd. N.W. #202

City State Zip Code  
Bremerton WA 98312-6105

Date of Receipt  
N M / D E / Y Y Y Y  
10 17 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) ▼ 375.00

Transaction ID: 4968127

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

Mailing Address  
454 Avenue De tarasa

City State Zip Code  
Grants Pass OR 97526-4107

Date of Receipt  
N M / D E / Y Y Y Y  
10 17 2001

Amount of Each Receipt this Period  
50.00

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: 4968121

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kash K. Siefert

Mailing Address  
2900 Stewart Pkwy.

City State Zip Code  
Roseburg OR 97470-1597

Date of Receipt  
N M / D E / Y Y Y Y  
10 17 2001

Amount of Each Receipt this Period  
100.00

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) ▼ 225.00

Transaction ID: 4968118

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 400.00

**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 / 19	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. William A. Bennett**

Mailing Address  
1890 Waite St. #1

City State Zip Code  
North Bend OR 97459-1229

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 17 / 2001

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Bay Area Foot Clinic Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 225.00

Transaction ID: 4968128

Full Name (Last, First, Middle Initial)  
**B. Dr. Arnold S. Beresh**

Mailing Address  
417 Chadwick Pl.

City State Zip Code  
Newport News VA 23606-3169

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 22 / 2001

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Peninsula Foot & Ankle Spec., P.L.-C. Podiatrist

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

Transaction ID: 4969187

Full Name (Last, First, Middle Initial)  
**C. Dr. Courtney S. Palmer**

Mailing Address  
369 Dewey Dr.

City State Zip Code  
Annapolis MD 21401-2248

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 22 / 2001

Amount of Each Receipt this Period  
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Podiatrist

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

Transaction ID: 4969177

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **275.00**

**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 / 19

11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. John G. Roth

Date of Receipt

Mailing Address

N M / D E / Y V V V  
1 0 / 2 2 / 2 0 0 1

4066 St. Johns Ln.

City State Zip Code

Ellicott City MD 21042-5309

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 100.00

Name of Employer Self-Employed Occupation  
Podiatrist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 225.00

Transaction ID: 4969179

Full Name (Last, First, Middle Initial)

B. Dr. Mark Appleton, DPM

Date of Receipt

Mailing Address

N M / D E / Y V V V  
1 0 / 2 2 / 2 0 0 1

5422 Beech Ridge Dr.

City State Zip Code

Fairfax VA 22030-4618

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Self-Employed Occupation  
Podiatrist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 4969184

C.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**  
**TOTAL** This Period (last page this line number only) ..... ► **3724.00**

**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 13 / 19
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
A. Brokerage Firm Advest, Inc.

Mailing Address  
17 W. Main Street

City State Zip Code  
Avon CT 06001-3717

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Advest, Inc. Investment Firm

Amount of Each Receipt this Period  
1874.76

Receipt For: Primary General Other (specify) ▼  
Aggregate Year-to-Date ▼ 13469.93

Interest and Dividends In- come

Transaction ID: 5206666

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1874.76</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1874.76</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. LoBiondo For Congress</b>		Date of Disbursement 10 / 05 / 2001	
Mailing Address 1754 Wynnewood Drive City Vineland State NJ Zip Code 08360		Amount of Each Disbursement this Period 1075.00	
Purpose of Disbursement YTD:\$1,075.00		011 Category/ Type	
Candidate Name Frank A. LoBiondo			
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) ▼		
State: NJ      District: 2	Transaction ID: 5179837		

Full Name (Last, First, Middle Initial) <b>B. Gene Green Congressional Campaign</b>		Date of Disbursement 10 / 05 / 2001	
Mailing Address P.O. Box 18128 City Houston State TX Zip Code 77222		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. Gene Green			
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) ▼		
State: TX      District: 29	Transaction ID: 5082978		

Full Name (Last, First, Middle Initial) <b>C. Napolitano for Congress</b>		Date of Disbursement 10 / 05 / 2001	
Mailing Address 555 Capitol Mall, Ste. 1425 City Sacramento State CA Zip Code 95814		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Grace F. Napolitano			
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) ▼		
State: CA      District: 34	Transaction ID: 5082989		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3075.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Tim Johnson For South Dakota Inc</b>			Date of Disbursement 10 / 05 / 2001	
Mailing Address PO Box 1859 City State Zip Code Sioux Falls SD 57101			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type		
Candidate Name Tim Johnson		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: House <input checked="" type="checkbox"/> Senate President	State: SD District: 2		Transaction ID: 5082980	

Full Name (Last, First, Middle Initial) <b>B. John Shadegg For Congress</b>			Date of Disbursement 10 / 05 / 2001	
Mailing Address Po Box 45444 City State Zip Code Phoenix AZ 85084			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type		
Candidate Name John Shadegg		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: AZ District: 4		Transaction ID: 5082984	

Full Name (Last, First, Middle Initial) <b>C. Friends of Patrick Kennedy</b>			Date of Disbursement 10 / 08 / 2001	
Mailing Address PO BOX 321 City State Zip Code PAWTUCKET RI 02862			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type		
Candidate Name Mr. Patrick J. Kennedy		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: RI District: 1		Transaction ID: 5208798	

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Re-Elect Nancy Johnson to Congress</b>		Date of Disbursement 10 / 17 / 2001
Mailing Address P.O. Box 1968 City New Britain State CT Zip Code 06050		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$1,500.00		011 Category/ Type
Candidate Name Ms. Nancy L. Johnson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5082895
State: CT District: 8		

Full Name (Last, First, Middle Initial) <b>B. Thurman for Congress</b>		Date of Disbursement 10 / 17 / 2001
Mailing Address P.O. Box 5058 City Inverness State FL Zip Code 34450		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type
Candidate Name Ms. Karen L. Thurman		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5082896
State: FL District: 5		

Full Name (Last, First, Middle Initial) <b>C. John D. Dingell for Congress Committee</b>		Date of Disbursement 10 / 17 / 2001
Mailing Address 607 Fourteenth St., NW City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type
Candidate Name Mr. John D. Dingell		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5082891
State: MI District: 18		

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Marion Berry For Congress</b>		Date of Disbursement 10 / 17 / 2001
Mailing Address PO Box 8084 City Jonesboro State AR Zip Code 72403		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Rep. Marion Berry		
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: 5082893
State: AR      District: 1		

Full Name (Last, First, Middle Initial) <b>B. Mark Pryor For US Senate</b>		Date of Disbursement 10 / 17 / 2001
Mailing Address Post Office Box 2720 City Little Rock State AR Zip Code 72203		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Mr. Mark Pryor		
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: 5082897
State: AR      District: 0		

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>16075.00</b>