

**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 X NEW (N) OR AMENDED (A)

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

5. Covering Period 08 01 2001 through 08 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 09 18 2001

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
APMA Podiatry Political Action Committee

Report Covering the Period: From: <sup>Month</sup> 08 <sup>Day</sup> 01 <sup>Year</sup> 2001 To: <sup>Month</sup> 08 <sup>Day</sup> 31 <sup>Year</sup> 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Year</sup> 2001		294666.64
(b) Cash on Hand at Beginning of Reporting Period .....	365356.09	
(c) Total Receipts (from Line 19) .....	43892.04	196681.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	409248.13	491348.13
7. Total Disbursements (from Line 30) .....	1300.00	83400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	407948.13	407948.13
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>08 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>08 <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) .....	15150.00	
(ii) Unitemized .....	26377.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	41527.00	191608.58
(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) .....	41527.00	191608.58
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 .....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1365.04	4072.91
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) .....	43892.04	196681.49
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	43892.04	196681.49

**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.....	50.00	50.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	50.00	50.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	82500.00
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.....	750.00	750.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	1300.00	83400.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	1300.00	83400.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	41527.00	191608.58
33. Total Contribution Refunds (from Line 28(d)).....	0.00	100.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	41527.00	191508.58
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	50.00	50.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	50.00	50.00

**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 / 26	
	<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

Full Name (Last, First, Middle Initial)  
**A. Dr. Raymond Malica, DPM**

Mailing Address  
8223 14th Ave.

City State Zip Code  
Brooklyn NY 11228-3113

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NEW YORK STATE PODIATRIC MEDICAL ASSOC Podiatrist

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

Transaction ID: 4389512

Full Name (Last, First, Middle Initial)  
**B. Dr. Mark Schilansky, DPM**

Mailing Address  
35 5 Mile Woods Rd.

City State Zip Code  
Catskill NY 12414-5813

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NEW YORK STATE PODIATRIC MEDICAL ASSOC Podiatrist

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

Transaction ID: 4389400

Full Name (Last, First, Middle Initial)  
**C. Dr. Ronald Lepow, DPM**

Mailing Address  
Lepow Podiatric Medical Assoc. 6824 Fannin St. #1690

City State Zip Code  
Houston TX 77030

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
TEXAS PODIATRIC MEDICAL ASSOCIATION Podiatrist

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

Transaction ID: 4383838

**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 / 26

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. Gary Lepow, DPM

Mailing Address  
6624 Fannin St. #1690

City State Zip Code  
Houston TX 77030-2340

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
TEXAS PODIATRIC MEDICAL ASSOCIATION Podiatrist

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

Transaction ID: 4393938

**B.** Full Name (Last, First, Middle Initial)  
Dr. Randal Lepow, DPM

Mailing Address  
6624 Fannin St. #1690

City State Zip Code  
Houston TX 77030-2340

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
TEXAS PODIATRIC MEDICAL ASSOCIATION Podiatrist

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

Transaction ID: 4393937

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

Mailing Address  
1234 Bay Area Blvd. #G

City State Zip Code  
Houston TX 77058-2538

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
TEXAS PODIATRIC MEDICAL ASSOCIATION Podiatrist

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

Transaction ID: 4399245

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 26	
	<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. Joseph Stata, DPM**

Mailing Address  
100 Remsen St.  
City: Brooklyn State: NY Zip Code: 11201-4256

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer: NEW YORK STATE PODIATRIC MEDICAL ASSOC Occupation: Podiatrist

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

Transaction ID: 4389259

Full Name (Last, First, Middle Initial)  
**B. Dr. Gary Grippo, DPM**

Mailing Address  
270 Center St. #110  
City: West Haven State: CT Zip Code: 06516-4400

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2001

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer: Occupation: Podiatrist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Transaction ID: 4389447

Full Name (Last, First, Middle Initial)  
**C. Dr. Charles Gal, DPM**

Mailing Address  
1348 E. 17th St.  
City: Idaho Falls State: ID Zip Code: 83404-6270

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Call Foot & Ankle Center Occupation: Podiatrist

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

Transaction ID: 4470855

**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 8 / 26	
	<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. Richard Brown, DPM

Mailing Address  
2070 W. Iles Ave.

City State Zip Code  
Springfield IL 62704-4174

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Prairie Podiatry, L.L.C. Podiatrist

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

Transaction ID: 4389271

**B.** Full Name (Last, First, Middle Initial)  
Dr. Lansing Malusky, DPM

Mailing Address  
15 Southmoor Cir. N.E.

City State Zip Code  
Kettering OH 45429-2451

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kettering Podiatry Associates Podiatrist

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

Transaction ID: 4470752

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ivan Heretik, DPM

Mailing Address  
36 7th Ave. #501

City State Zip Code  
New York NY 10011-6800

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NEW YORK STATE PODIATRIC MEDICAL ASSOC Podiatrist

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

Transaction ID: 4395860

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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 / 26	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. G. Johnson, DPM

Mailing Address  
P.O. Box 8407

City State Zip Code  
Mobile AL 36689-0407

Date of Receipt  
M / D / Y Y Y Y  
08 / 13 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 4534883

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

Mailing Address  
1501 Highland Ave. #E.

City State Zip Code  
Burley ID 83318-2648

Date of Receipt  
M / D / Y Y Y Y  
08 / 15 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 4470898

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gary Milward, DPM

Mailing Address  
6051 N. Eagle Rd.

City State Zip Code  
Boise ID 83713-0897

Date of Receipt  
M / D / Y Y Y Y  
08 / 15 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Boise Podiatry Clinic Podiatrist

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

Transaction ID: 4534902

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1050.00**

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)  
APMA Podiatry Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Kent Howard, DPM

Mailing Address  
1555 E. Clark St.

City State Zip Code  
Pocatello ID 83201-4133

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Occupation  
IDAHO PODIATRIC MEDICAL ASSOCIATION Podiatrist

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

Transaction ID: 4470801

**B.** Full Name (Last, First, Middle Initial)  
Dr. Travis Westermayer, DPM

Mailing Address  
736 E. Grand Ave.

City State Zip Code  
Esccondido CA 92025-4405

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Occupation  
CALIFORNIA PODIATRIC MEDICAL ASSOCIATION Podiatrist

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

Transaction ID: 4534905

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

Mailing Address  
490 Titus Ave.

City State Zip Code  
Rochester NY 14617-3541

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Occupation  
NEW YORK STATE PODIATRIC MEDICAL ASSOC Podiatrist

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

Transaction ID: 4473983

**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)  
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FOR LINE NUMBER:  
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11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
APMA Podiatry Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Michael Pearlman, DPM

Mailing Address  
The Gough Building 3355 Leonardtown Rd. #1  
City State Zip Code  
Waldorf MD 20601-3616

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 4473891

**B.** Full Name (Last, First, Middle Initial)  
Dr. D. Hugh Fraser, DPM

Mailing Address  
777 Ave. H  
City State Zip Code  
Powell WY 82435-2213

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WYOMING PODIATRIC MEDICAL SOCIETY Podiatrist

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

Transaction ID: 4473899

**C.** Full Name (Last, First, Middle Initial)  
Dr. C. Michael Ivitt, DPM

Mailing Address  
3157 Mt. Morris Rd. #103  
City State Zip Code  
Waynesburg PA 15370-8148

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

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

Transaction ID: 4473822

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 26	
	<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. Brian Szabo, DPM

Mailing Address  
7D1 N. Hermitage Rd.

City State Zip Code  
Hermitage PA 16148-3234

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PENNSYLVANIA PODIATRIC MEDICAL ASSOCIATION Podiatrist

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

Transaction ID: 4534844

**B.** Full Name (Last, First, Middle Initial)  
Dr. Paula Raugelis, DPM

Mailing Address  
3157 Mt. Morris Rd. #103

City State Zip Code  
Waynesburg PA 15370-8146

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PENNSYLVANIA PODIATRIC MEDICAL ASSOCIATION Podiatrist

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

Transaction ID: 4473621

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Setter, DPM

Mailing Address  
2708 McGraw Dr.

City State Zip Code  
Bloomington IL 61704-8012

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 350.00

Transaction ID: 4473633

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 26	
	<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. Peter Paicos, DPM

Mailing Address  
3 Woodland Rd. #411

City State Zip Code  
Stoneham MA 02180-1714

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Affiliates in Foot Care, P.C.

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

Transaction ID: 4473873

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jay Levins, DPM

Mailing Address  
55 Old Nyack TnPk. #407

City State Zip Code  
Nanuet NY 10954

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NEW YORK STATE PODIATRIC MEDICAL ASSOC Podiatrist

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

Transaction ID: 4534935

**C.** Full Name (Last, First, Middle Initial)  
Dr. Allen Jacobs, DPM

Mailing Address  
100 N. Euclid #4

City State Zip Code  
Saint Louis MO 63108-1529

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

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

Transaction ID: 4473824

**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 14 / 26	
	<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. Kevin Holton, DPM**

Mailing Address  
1555 Northway Drive

City State Zip Code  
Saint Cloud MN 56303-4555

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 4534938

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

Mailing Address  
5900 N. Main St.

City State Zip Code  
Dayton OH 45415-3150

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 4534939

Full Name (Last, First, Middle Initial)  
**C. Dr. Gary Milward, DPM**

Mailing Address  
6051 N. Eagle Rd.

City State Zip Code  
Boise ID 83715-0997

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Boise Podiatry Clinic Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 550.00

Transaction ID: 4473981

**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 15 / 26	
	<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. Jonathan Cutler, DPM**

Mailing Address  
11412 Oknechobee Blvd. #A

City State Zip Code  
Royal Palm Beach FL 33411-8722

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
FLORIDA PODIATRIC MEDICAL ASSOCIATION Podiatrist

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

Transaction ID: 4473897

Full Name (Last, First, Middle Initial)  
**B. Dr. Terence Graham, DPM**

Mailing Address  
102 W. Kemwood Ave. LL #150

City State Zip Code  
Decatur IL 62526-4383

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 4473828

Full Name (Last, First, Middle Initial)  
**C. Dr. Steven Berlin, DPM**

Mailing Address  
12407 Dover Road

City State Zip Code  
Reisterstown MD 21136-5807

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 4473880

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 26	
	<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. Daniel Taylor, DPM

Mailing Address  
5557 Sycamore Grove Ln.

City State Zip Code  
Memphis TN 38120-2247

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Occupation  
TENNESSEE PODIATRIC MEDICAL ASSOCIATION Podiatrist

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

Transaction ID: 4474618

**B.** Full Name (Last, First, Middle Initial)  
Dr. Timothy Ford, DPM

Mailing Address  
1112 Dupont Cir. #102

City State Zip Code  
Louisville KY 40207-4804

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 4474618

**C.** Full Name (Last, First, Middle Initial)  
Dr. Bruce Blank, DPM

Mailing Address  
92 N. 4th St. #27

City State Zip Code  
Martins Ferry OH 43935-1891

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Occupation  
Achilles Foot & Ankle Surgery Podiatrist

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

Transaction ID: 4474617

**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 17 / 26	
	<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. Mark Robson, DPM

Mailing Address  
2521 Rutland #700

City State Zip Code  
Austin TX 78758-5250

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
TEXAS PODIATRIC MEDICAL ASSOCIATION

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

Transaction ID: 4474615

**B.** Full Name (Last, First, Middle Initial)  
POD MED ASST American Society of

Mailing Address  
2124 South Austin Blvd.

City State Zip Code  
Cicero IL 60804-2012

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

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

Transaction ID: 4474091

**C.** Full Name (Last, First, Middle Initial)  
Dr. Sherman Nagler, DPM

Mailing Address  
1200 Binz St. #820

City State Zip Code  
Houston TX 77004-6961

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
TEXAS PODIATRIC MEDICAL ASSOCIATION  
Podiatrist

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

Transaction ID: 4474086

**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 18 / 26	
	<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. William Crotty, DPM

Mailing Address  
6600 Rogers Ave.

City State Zip Code  
Fort Smith AR 72903-4064

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Crotty Foot Clinic, P.A. Podiatrist

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

Transaction ID: 4536828

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark Rogers, DPM

Mailing Address  
150 W. 800 N.

City State Zip Code  
Provo UT 84601-1624

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Central UT Foot & Ankle Clinic Podiatrist

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

Transaction ID: 4536809

**C.** Full Name (Last, First, Middle Initial)  
Dr. John Guadara, DPM

Mailing Address  
835 Main St.

City State Zip Code  
Hackensack NJ 07801-4812

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 4536803

**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 19 / 26

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. Thomas Rogers, DPM

Mailing Address  
150 W. 800 N.

City State Zip Code  
Provo UT 84601-1624

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Central UT Foot & Ankle Clinic Podiatrist

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

Transaction ID: 4536808

**B.** Full Name (Last, First, Middle Initial)  
Dr. Bruce Waxman, DPM

Mailing Address  
29 Blackthorn Loop

City State Zip Code  
Wappingers Falls NY 12590-4226

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NEW YORK STATE PODIATRIC MEDICAL ASSOC Podiatrist

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

Transaction ID: 4536825

**C.** Full Name (Last, First, Middle Initial)  
Dr. Frank Spinoza, DPM

Mailing Address  
25 W. Neck Rd. P.O. Box 1023

City State Zip Code  
Shelter Island NY 11964

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NEW YORK STATE PODIATRIC MEDICAL ASSOC Podiatrist

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

Transaction ID: 4536819

**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: PAGE 20 / 26

(check only one)

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. Frederick Fedorchak, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 8 / 2 3 / 2 0 0 1

3215 Willowcreek Rd.

City

State

Zip Code

Portage

IN

46368-5013

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer

Occupation

Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

250.00

Transaction ID: 4534957

Full Name (Last, First, Middle Initial)

B. Dr. Mark Pinter, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 8 / 2 3 / 2 0 0 1

47 Brookwood Ave.

City

State

Zip Code

Carlisle

PA

17013-9126

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer

Occupation

PENNSYLVANIA PODIATRIC MEDICAL ASSOCIATION

Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

250.00

Transaction ID: 4534954

Full Name (Last, First, Middle Initial)

C. Dr. Robert Behrends, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 8 / 2 3 / 2 0 0 1

505 Park Dr.

City

State

Zip Code

Kenilworth

IL

60043-1062

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

300.00

Name of Employer

Occupation

Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

300.00

Transaction ID: 4534950

**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 21 / 26	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Steven Hobbik, DPM

Mailing Address  
1108 E. Chocolate Ave.

City State Zip Code  
Hershey PA 17033-1242

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PENNSYLVANIA PODIATRIC MEDICAL ASSOC Podiatrist

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

Transaction ID: 4536771

**B.** Full Name (Last, First, Middle Initial)  
Dr. Matthew Thompson, DPM

Mailing Address  
4850 Fayetteville Rd.

City State Zip Code  
Lumberton NC 28358-2100

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2001

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 4536768

**C.** Full Name (Last, First, Middle Initial)  
Dr. Paul Greenberg, DPM

Mailing Address  
101 W. 79th St.

City State Zip Code  
New York NY 10024-6474

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NEW YORK STATE PODIATRIC MEDICAL ASSOC Podiatrist

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

Transaction ID: 4539218

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 26	
	<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. Gene Pusateri, DPM

Mailing Address  
80 E. Midlothian Blvd.

City State Zip Code  
Youngstown OH 44507-2019

Date of Receipt  
M / D / Y Y Y Y  
08 / 31 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 4539322

**B.** Full Name (Last, First, Middle Initial)  
Dr. Neal Kramer, DPM

Mailing Address  
2587 Schoenersville Rd. #101

City State Zip Code  
Bethlehem PA 18017-7329

Date of Receipt  
M / D / Y Y Y Y  
08 / 31 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PENNSYLVANIA PODIATRIC MEDICAL ASS-  
SOC Podiatrist

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

Transaction ID: 4539329

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>15150.00</b>

**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 23 / 26
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 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. Anne Eshao for Congress

Mailing Address  
555 Capitol Mall Ste 1425

City Sacramento State CA Zip Code 95814

FEC ID number of contributing federal political committee. C00258475

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2002 Aggregate Year-to-Date ▼

Primary  General  Other (specify) ▼

Date of Receipt  
M / D / Y Y Y Y  
08 / 20 / 2001

Amount of Each Receipt this Period  
1000.00

Refund of 5/31/2001 Contribution - Payee Incorrect on Check 1263

Transaction ID: 4591871

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1000.00</b>

**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 24 / 26
	<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  
08 / 31 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
1385.04

Name of Employer Occupation  
Advest, Inc.

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 10326.87

Transaction ID: 4540285

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1385.04</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1385.04</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. Wally Herger For Congress Committee</b>		Date of Disbursement 08 / 15 / 2001	
Mailing Address P.O. Box 2223 City: Marysville State: CA Zip Code: 95901		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD: \$500.00		011 Category/ Type	
Candidate Name Mr. Wally Herger			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: CA      District: 2	Transaction ID: 4535027		

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>500.00</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 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 checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Democratic Majority PAC		Date of Disbursement 08 / 22 / 2001	
Mailing Address P.O. Box 3037 City State Zip Code Lang Branch NJ 07740		Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name		Disbursement For: Primary General Other (specify) ▼	
Office Sought: House Senate President	State: District: 0	Transaction ID: 4536418	

B.

C.

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>750.00</b>