

**FEC  
FORM 3X**

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

Office Use Only

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

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

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

C00008639

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

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

5. Covering Period 11 01 2001 through 11 30 2001

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

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

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

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

Office Use Only

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
APMA Podiatry Political Action Committee

Report Covering the Period: From: <sup>W</sup> 11 <sup>D</sup> 01 <sup>Y</sup> 2001 To: <sup>W</sup> 11 <sup>D</sup> 30 <sup>Y</sup> 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>W</sup> <sup>Y</sup> 2001		294666.64
(b) Cash on Hand at Beginning of Reporting Period .....	401473.19	
(c) Total Receipts (from Line 19) .....	19752.57	240007.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	421225.76	534673.76
7. Total Disbursements (from Line 30) .....	32500.00	145948.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	388725.76	388725.76
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>11 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>11 <sup>DD</sup>30 <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) .....	11080.00	
(ii) Unitemized .....	7003.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	18083.00	228656.49
(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) .....	18083.00	228656.49
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.) .....	1669.57	10350.63
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) .....	19752.57	240007.12
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	19752.57	240007.12

**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.....	32500.00	133575.00
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)..... ▶	32500.00	145948.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	32500.00	145948.00
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	18083.00	228656.49
33. Total Contribution Refunds (from Line 28(d)).....	0.00	100.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	18083.00	228556.49
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 / 25

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. John P. Calcatera

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Mailing Address  
2D12 8th Ct. S.

City State Zip Code  
Birmingham AL 35205-2799

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Birmingham Podiatry, P.C. Podiatrist

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

Transaction ID: 5218799

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

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Mailing Address  
2759 Elizabeth Lake Rd. #101

City State Zip Code  
Waterford MI 48328-3214

Amount of Each Receipt this Period  
250.00

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: 5218800

**C.** Full Name (Last, First, Middle Initial)  
Dr. Alfred Anthony Petho

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Mailing Address  
1000 Delbon Ave. #7

City State Zip Code  
Turlock CA 95362-2008

Amount of Each Receipt this Period  
250.00

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: 5218802

**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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PAGE 6 / 25

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. D. Steven Ostendorf

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 11 / 2001

Mailing Address  
15597 Lockmaiden Ave.

City State Zip Code  
Fort Myers FL 33912-3907

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 5205802

**B.** Full Name (Last, First, Middle Initial)  
Dr. Eugene R. Little, Jr.

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 12 / 2001

Mailing Address  
09429 Center Rd.

City State Zip Code  
New Knoxville OH 45871-9633

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 5207098

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark O. Ellis

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 12 / 2001

Mailing Address  
682 33rd St.

City State Zip Code  
Astoria OR 97103-2722

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: 5207346

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. David C. Cavalero

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 12 / 2001

Mailing Address  
12008 Remington Rd.

City State Zip Code  
Oklahoma City OK 73170-4854

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: 5207082

**B.** Full Name (Last, First, Middle Initial)  
Dr. Samuel Stuart Woodcock

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 16 / 2001

Mailing Address  
445 Warrior Trail

City State Zip Code  
Enterprise FL 32725-2456

Amount of Each Receipt this Period  
75.00

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: 5218669

**C.** Full Name (Last, First, Middle Initial)  
Dr. Rick F. Martin

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 16 / 2001

Mailing Address  
720 Aldinger Dr.

City State Zip Code  
Dallastown PA 17315-9232

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 5218668

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

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

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

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

Full Name (Last, First, Middle Initial)

A. Dr. Bryan L. Cain

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
11 / 16 / 2001

1301 N.W. 75th

City State Zip Code

Lawton OK 73505-4205

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
Lawton Family Foot Clinic Podiatrist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 5218630

Full Name (Last, First, Middle Initial)

B. Dr. Gerald D. Paterson

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
11 / 18 / 2001

6627 Apollo Rd.

City State Zip Code

West Linn OR 97068-2807

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer Occupation  
Family Foot Clinic Podiatrist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 600.00

Transaction ID: 5282855

Full Name (Last, First, Middle Initial)

C. Dr. Alan R. Warren

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
11 / 19 / 2001

4445 Stoneview

City State Zip Code

West Bloomfield MI 48322-3497

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer Occupation  
Self-Employed Podiatrist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 300.00

Transaction ID: 5285941

**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 9 / 25	
	<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. Stephen I. Greenfogel**

Mailing Address  
9 Floral Dr.  
City: Randolph State: NJ Zip Code: 07860-2958

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 10 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer: Drs. Greenfogel & Sims Occupation: Podiatrist

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

Transaction ID: 5282851

Full Name (Last, First, Middle Initial)  
**B. Dr. Christian A. Roberlazi**

Mailing Address  
43 Douma Dr.  
City: Newton State: NJ Zip Code: 07860-1548

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 10 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer: Self-Employed Occupation: Podiatrist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Transaction ID: 5284314

Full Name (Last, First, Middle Initial)  
**C. Dr. Oliver S. Foster**

Mailing Address  
3756 Santa Rosalia Dr. #302  
City: Los Angeles State: CA Zip Code: 90008-3808

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 10 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer: Baldwin Hills Foot & Ankle Center Occupation: Podiatrist

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

Transaction ID: 5282844

**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 10 / 25	
	<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. David H. Sims

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 19 / 2001

Mailing Address  
5D Cherry Hill Rd.

City State Zip Code  
Parsippany NJ 07054-1113

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 5285827

**B.** Full Name (Last, First, Middle Initial)  
Dr. Richard L. Hecker

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 19 / 2001

Mailing Address  
11283 Lakeview Pl.

City State Zip Code  
Mequon WI 53092-3501

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 5282853

**C.** Full Name (Last, First, Middle Initial)  
Dr. Donald W. Huger

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 19 / 2001

Mailing Address  
1316 N. William

City State Zip Code  
River Forest IL 60305-1135

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 5282907

**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 11 / 25	
	<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. David P. Rosenzweig

Mailing Address  
5 Blanchard Rd.

City State Zip Code  
Greenwich CT 06831-3676

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 19 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Advanced Footcare Center Podiatrist

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

Transaction ID: 5284926

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gary S. Kaplan

Mailing Address  
5824 Dunmore Dr.

City State Zip Code  
West Bloomfield MI 48322-1614

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 19 / 2001

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: 5282912

**C.** Full Name (Last, First, Middle Initial)  
Dr. Norman S. Regal

Mailing Address  
2706 St. Jude St.

City State Zip Code  
Greensboro NC 27405-3875

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 19 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Triad Foot Center, P.A. Podiatrist

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

Transaction ID: 5284158

**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 12 / 25	
	<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. Robert M. Crapell**

Mailing Address  
7 Elskip Ln.

City State Zip Code  
Greenwich CT 06831-3665

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 19 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 5282825

Full Name (Last, First, Middle Initial)  
**B. Dr. Gregory W. Bryan**

Mailing Address  
2508 Bert Kouns #204

City State Zip Code  
Shreveport LA 71118-3175

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 19 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 5282818

Full Name (Last, First, Middle Initial)  
**C. Dr. Eric Ward**

Mailing Address  
3607 Matthews Mint Hill Rd. #9

City State Zip Code  
Matthews NC 28105-4129

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 19 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 5285937

**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 13 / 25	
	<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. Ronald W. Huger**

Mailing Address  
1614 N. Harlem Ave.

City State Zip Code  
Elmwood Park IL 60707-4395

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 19 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Huger Foot & Ankle Specialists Podiatrist

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

Transaction ID: 5282804

Full Name (Last, First, Middle Initial)  
**B. Dr. Mark A. Lutz**

Mailing Address  
6415 Greyridge Blvd.

City State Zip Code  
Indianapolis IN 46237-3145

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 19 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Greenwood Foot Clinic Podiatrist

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

Transaction ID: 5282814

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

Mailing Address  
6096 Pickwood Ct

City State Zip Code  
West Bloomfield MI 48322-2218

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 19 / 2001

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: 5285925

**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 14 / 25	
	<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. Howard M. Sokoloff**

Mailing Address  
5401 Norris Canyon Rd. #108

City State Zip Code  
San Ramon CA 94583-5406

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 10 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 5285033

Full Name (Last, First, Middle Initial)  
**B. Dr. Lee Marshall Hoffman**

Mailing Address  
5840 Glen Eagles

City State Zip Code  
West Bloomfield MI 48323-2208

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 10 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 5282858

Full Name (Last, First, Middle Initial)  
**C. Dr. Patrick J. Evoy**

Mailing Address  
1205 N.E. 6th

City State Zip Code  
Bend OR 97701-4308

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 20 / 2001

Amount of Each Receipt this Period  
125.00

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) ▼ 525.00

Transaction ID: 5288455

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **725.00**

**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 / 25	
	<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. Michael L. Wacka**

Mailing Address  
1D Bristol Dr.  
City: Middletown State: NY Zip Code: 10941-5206

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 23 / 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: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: 5289655

Full Name (Last, First, Middle Initial)  
**B. Dr. Kenneth K. S. Mah**

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

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 23 / 2001

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: Occupation: Podiatrist

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

Transaction ID: 5289662

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

Mailing Address  
1327 Pressler Ct. S.  
City: Salem State: OR Zip Code: 97306-2165

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 23 / 2001

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: Cascade Foot Center Occupation: Podiatrist

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

Transaction ID: 5289647

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

**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 / 25	
	<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. E. Paul LeDoux

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 23 / 2001

Mailing Address  
215 E. Choctaw #1 D5

City State Zip Code  
Mcalester OK 74501-5053

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: 5289643

**B.** Full Name (Last, First, Middle Initial)  
Dr. Harold J. Sauder

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 23 / 2001

Mailing Address  
417 N. 10th St. P.O. Box 372

City State Zip Code  
Independence KS 67301-3015

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 5289685

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jerry Lind Hall

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 23 / 2001

Mailing Address  
306 Linwood Ave.

City State Zip Code  
Goldsboro NC 27530-5824

Amount of Each Receipt this Period  
350.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Wayne Foot Specialists, P.C. Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 600.00

Transaction ID: 5289671

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1100.00**

**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 / 25

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. Brian Crahead

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 23 / 2001

Mailing Address  
250 N.W. River Park Pl.

City State Zip Code  
Canby OR 97013-8146

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
OR Foot Specialists Podiatrist

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

Transaction ID: 5289670

**B.** Full Name (Last, First, Middle Initial)  
Dr. Darrel Duane Prins

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 23 / 2001

Mailing Address  
3D11 N.E. West Devils Lake Rd.

City State Zip Code  
Lincoln City OR 97367-5131

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Lincoln County Foot Health Center Podiatrist

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

Transaction ID: 5289650

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

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 23 / 2001

Mailing Address  
1060 Chambers St.

City State Zip Code  
Eugene OR 97402-3761

Amount of Each Receipt this Period  
5.00

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) ▼ 254.00

Transaction ID: 5289645

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **305.00**

**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 / 25	
	<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. Ira R. Cohen**

Mailing Address  
20055 Pasco Luis

City State Zip Code  
Yorba Linda CA 92886-5702

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 25 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Belflower Downey Podiatry Group Podiatrist

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

Transaction ID: 5289730

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

Mailing Address  
882 S.E. Oak St.

City State Zip Code  
Hillsboro OR 97123-4240

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 25 / 2001

Amount of Each Receipt this Period  
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Hillsboro Foot Clinic Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 325.00

Transaction ID: 5289700

Full Name (Last, First, Middle Initial)  
**C. Dr. Paul M. Greenman**

Mailing Address  
6000 Almond Ter.

City State Zip Code  
Plantation FL 33317-2504

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 26 / 2001

Amount of Each Receipt this Period  
250.00

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: 5290258

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **575.00**

**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 / 25	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Kathryn Riffe**

Mailing Address  
612 S. Brownsville St.  
City State Zip Code  
Trenton TN 38382-2069

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 20 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 5296593

Full Name (Last, First, Middle Initial)  
**B. Dr. W. Steven Davis**

Mailing Address  
2109 Halderwood Ln.  
City State Zip Code  
Knoxville TN 37922-6138

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 20 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer The Foot Group Occupation  
Podiatrist

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

Transaction ID: 5296590

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>11080.00</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 20 / 25
	<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.

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 30 / 2001

Mailing Address  
17 W. Main Street

City State Zip Code  
Avon CT 06001-3717

Amount of Each Receipt this Period  
1669.57

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Advest, Inc. Investment Firm

Receipt For: Aggregate Year-to-Date ▼ Interest & Dividends  
Primary General  
Other (specify) ▼ 0.00

Transaction ID: 5355122

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1669.57</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1669.57</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)

PAGE 21 / 25

<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. Friends of Connie Morella</b>		Date of Disbursement 11 / 12 / 2001
Mailing Address 7315 Wisconsin Ave. 450W City: Bethesda State: MD Zip Code: 20814		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Mrs. Constance A. Morella		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5208838
State: MD District: 8		

Full Name (Last, First, Middle Initial) <b>B. Friends of Dick Durbin</b>		Date of Disbursement 11 / 12 / 2001
Mailing Address P.O. Box 1949 City: Springfield State: IL Zip Code: 62706		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type
Candidate Name Mr. Richard J. Durbin		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5208838
State: IL District: 20		

Full Name (Last, First, Middle Initial) <b>C. Kaptur For Congress</b>		Date of Disbursement 11 / 12 / 2001
Mailing Address 1841 Dority Rd City: Toledo State: OH Zip Code: 43615		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Marcy Kaptur		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5208841
State: OH District: 8		

<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. Bill Thomas Campaign Committee</b>		Date of Disbursement 11 / 19 / 2001
Mailing Address P.O. Box 395 City: Bakersfield State: CA Zip Code: 93302		Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement YTD: \$3,500.00	011 Category/ Type	
Candidate Name Mr. Bill Thomas		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5286513
State: CA District: 21		

Full Name (Last, First, Middle Initial) <b>B. Congressman Waxman Campaign Committee</b>		Date of Disbursement 11 / 19 / 2001
Mailing Address 8665 Wilshire Blvd. #220 City: Beverly Hills State: CA Zip Code: 90211		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD: \$2,500.00	011 Category/ Type	
Candidate Name Mr. Henry A. Waxman		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5286514
State: CA District: 29		

Full Name (Last, First, Middle Initial) <b>C. Friends of Senator Rockefeller</b>		Date of Disbursement 11 / 19 / 2001
Mailing Address 236 Massachusetts Avenue, #310 City: Washington State: DC Zip Code: 20002		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD: \$4,500.00	011 Category/ Type	
Candidate Name Senator John D. Rockefeller, IV		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5286517
State: WV District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</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. Donald A. Manzullo For Congress</b>		Date of Disbursement 11 / 19 / 2001	
Mailing Address PO Box 7783 City State Zip Code Rockford IL 61125		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Donald Manzullo			
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: IL      District: 16	Transaction ID: 5286518		

Full Name (Last, First, Middle Initial) <b>B. Republican Senatorial Campaign Committee</b>		Date of Disbursement 11 / 26 / 2001	
Mailing Address 320 First St., S.E. City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type	
Candidate Name			
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary      General Other (specify) ▼		
State:      District: 0	Transaction ID: 5352585		

Full Name (Last, First, Middle Initial) <b>C. Democratic Senatorial Campaign Committee</b>		Date of Disbursement 11 / 26 / 2001	
Mailing Address 430 S. Capitol Street City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type	
Candidate Name DSCC			
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary      General Other (specify) ▼		
State:      District: 0	Transaction ID: 5352588		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>11000.00</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. Congressman Bart Gordon Committee</b>		Date of Disbursement 11 / 26 / 2001	
Mailing Address P.O. Box 2008 City Murfreesboro State TN Zip Code 37033		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00		011 Category/ Type	
Candidate Name Mr. Bart Gordon			
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: 5352584	
State: TN      District: 8			

Full Name (Last, First, Middle Initial) <b>B. Peter Deutsch for Congress</b>		Date of Disbursement 11 / 26 / 2001	
Mailing Address UNIT 911      P. O. Box 817889 City Tamarac State FL Zip Code 33081		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. Peter Deutsch			
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: 5352554	
State: FL      District: 20			

Full Name (Last, First, Middle Initial) <b>C. Friends of Jim Maloney</b>		Date of Disbursement 11 / 26 / 2001	
Mailing Address 20 E. Main Street, Ste 235 City Waterbury State CT Zip Code 06702		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,500.00		011 Category/ Type	
Candidate Name Mr. Jim Maloney			
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: 5352572	
State: CT      District: 6			

<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. Democratic Congressional Campaign Committee</b>		Date of Disbursement 11 / 26 / 2001
Mailing Address 2nd Floor City Washington State DC Zip Code 20003		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 5352583
State: District: 0		

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Committee</b>		Date of Disbursement 11 / 26 / 2001
Mailing Address 320 First Street, S.E City Washington State DC Zip Code 20003		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 5352581
State: District: 0		

Full Name (Last, First, Middle Initial) <b>C. Diane E Watson For Congress</b>		Date of Disbursement 11 / 26 / 2001
Mailing Address 6D1 S Glensaks Bl #211 City Burbank State CA Zip Code 91502		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$3,000.00		011 Category/ Type
Candidate Name Rep. Diane Watson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5352588
State: CA District: 32		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>32500.00</b>