

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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

4. TYPE OF REPORT

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/2001</u> through <u>01/31/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u>		294686.64
(b) Cash on Hand at Beginning of Reporting Period	294686.64	
(c) Total Receipts (from line 19)	19587.01	19587.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	314233.65	314233.65
7. Total Disbursements (from line 30)	1000.00	1000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	313233.65	313233.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.	
Type or Print Name of Treasurer Electronically Filed by Dr. Gerald Peterson DPM	
Signature of Treasurer	Date 02/20/2001

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

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE APMA Podiatry Political Action Committee		REPORT COVERING PERIOD FROM 01/01/2001 TO: 01/31/2001	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	9200.00	9200.00	11.a.i.
ii. Unitemized	9699.01	9699.01	11.a.ii.
iii. Total	18899.01	18899.01	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	18899.01	18899.01	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	668.00	668.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	19567.01	19567.01	19.
20. Total Federal Receipts	19567.01	19567.01	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	1000.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	1000.00	1000.00	30.
31. Total Federal Disbursements	1000.00	1000.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	18899.01	18899.01	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	18899.01	18899.01	34.
35. Total Federal Operating Expenditures	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	0.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 9
			FOR LINE NUMBER 11a

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

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

Full Name, Mailing Address, and ZIP Code Dr. George Tsoutsouris, DPM 9105-A Indianapolis Blvd. #102 Highland IN 46322-2504	Name of Employer	Date (month, day, year) 01/01/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Dr. Morgan Silvers, DPM 1320 Leighton P.O. Box 1116 Anniston AL 36202-1116	Name of Employer	Date (month, day, year) 01/01/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Dr. Jonathan Lubitz, DPM 4358-B Midmost Dr. Mobile AL 36609-5523	Name of Employer	Date (month, day, year) 01/03/2001	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Dr. Kendal Blackwell, DPM Brentwood Shopping Center 2601-7A Ward Blvd. Wilson NC 27893	Name of Employer Wilson Podiatry Associates, P.A.	Date (month, day, year) 01/05/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Dr. Mark Veres, DPM 4152 Carmichael Rd. Montgomery AL 36106-3804	Name of Employer	Date (month, day, year) 01/09/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Dr. Matthew Garoufalos, DPM 5301 S. Cicero Ave. #LL Chicago IL 60632-4918	Name of Employer Professional Foot Care Specialists	Date (month, day, year) 01/10/2001	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Dr. Michael Wessels, DPM 215 E. 1st St. #212 Dixon IL 61021	Name of Employer KSB Medical Group	Date (month, day, year) 01/10/2001	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 9
			FOR LINE NUMBER 11a

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

Full Name, Mailing Address, and ZIP Code Dr. Kent Martin, DPM 424 Cox Blvd. Sheffield AL 35660	Name of Employer Martin Foot Specialists, Inc.	Date (month, day, year) 01/19/2001	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code Dr. Brent Harwood, DPM P.O. Box 1006 Fairhope AL 36533-1006	Name of Employer	Date (month, day, year) 01/19/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Marc Bernbach, DPM 171 Grandview Ave. #104 Waterbury CT 06708	Name of Employer Waterbury Podiatry Consultants	Date (month, day, year) 01/19/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Darren Courtright, DPM 341 Montauk Ave. New London CT 06320	Name of Employer Shoreline Foot Health Center	Date (month, day, year) 01/19/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Robert Sherman, DPM 3446 Main St. Stratford CT 06814-4188	Name of Employer Stratford Podiatry Associates	Date (month, day, year) 01/19/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Brian Deschamps, DPM 43 W. Main St. #9 Rockville CT 06066-3549	Name of Employer	Date (month, day, year) 01/19/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Harvey Lederman, DPM 836 Farmington Ave. #105 West Hartford CT 06119-1544	Name of Employer W. Hartford Podiatry Associates	Date (month, day, year) 01/19/2001	Amount of Each Receipt this Period 550.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 550.00			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 9
			FOR LINE NUMBER 11a

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

Full Name, Mailing Address, and ZIP Code Dr. Marc Lederman, DPM 836 Farmington Ave. #105 West Hartford CT 06110-1544 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer W. Hartford Podiatry Associates	Date (month, day, year) 01/19/2001	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Dr. Robert Marra, DPM 1379 Enfield St. Enfield CT 06082-5524 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 01/19/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Dr. Jeffrey Martone, DPM 11 Central Ave. East Hartford CT 06108 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Family Foot Care Center	Date (month, day, year) 01/19/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Dr. R. Douglas Sowell, DPM 5100 N. Brookline #375 Oklahoma City OK 73112-3603 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 01/23/2001	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Dr. Michael Thompson, DPM Kenosha Medical Park 3535 30th Ave. #203 Kenosha WI 53144-1851 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 01/23/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Dr. Nicholas Crismali, DPM 16031 Hwy.18 #B Apple Valley CA 92308 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 01/23/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Dr. Stuart Courtney, DPM 2524 E. Hallendale Beach Blvd. Hallandale FL 33009-4817 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 01/29/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		6 / 9
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11a
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NAME OF COMMITTEE (In Full) APMA Podiatry Political Action Committee				
Full Name, Mailing Address, and ZIP Code Dr. Robert Gamet, DPM 18430 S. Dixie Hwy. Miami FL 33157-6916	Name of Employer Occupation Podiatrist	Date (month, day, year) 01/29/2001	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Burton Bornstein, DPM 731 Hwy. 50 Clermont FL 34711	Name of Employer Occupation Podiatrist	Date (month, day, year) 01/29/2001	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Joseph Strickland, DPM 225 2nd Ave. N. St. Petersburg FL 33701-3317	Name of Employer Occupation Podiatrist	Date (month, day, year) 01/29/2001	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code NJ South Div POD MED ASSN NJ	Name of Employer Occupation	Date (month, day, year) 01/29/2001	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Dr. Craig McLaws, DPM 1156 N. Main St. Sheridan WY 82801-3055	Name of Employer McLaws Foot Care Occupation Podiatrist	Date (month, day, year) 01/30/2001	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Tyler Brahm, DPM 300 Jeffords St. #D Clearwater FL 33756	Name of Employer Occupation Podiatrist	Date (month, day, year) 01/31/2001	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Joseph Kiefer, DPM 1901 N. 9th Ave. Pensacola FL 32503-4535	Name of Employer Gulf Coast Podiatry Occupation Podiatrist	Date (month, day, year) 01/31/2001	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		7 / 9
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11a
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NAME OF COMMITTEE (In Full) APMA Podiatry Political Action Committee				
Full Name, Mailing Address, and ZIP Code Dr. Dennis Frisch, DPM 30 S.E. 7th St. Boca Raton FL 33432-6134	Name of Employer Boca Raton Podiatry	Date (month, day, year) 01/31/2001	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Podiatrist	Aggregate Year-to-Date > 5 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Barney Greenberg, DPM 2651 Hollywood Blvd. Hollywood FL 33020-4840	Name of Employer Podiatry Associates	Date (month, day, year) 01/31/2001	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Podiatrist	Aggregate Year-to-Date > 8 500.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				9200.00

SCHEDULE A	ITEMIZED RECEIPTS	8 / 9
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) APMA Podiatry Political Action Committee		
Full Name, Mailing Address, and ZIP Code Advest. Inc. 22 Waterville Rd. Avon CT 06001-2006	Name of Employer Brokerage Firm Occupation	Date (month, day, year) 01/31/2001 Amount of Each Receipt this Period 668.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 668.00	
SUBTOTALS of Receipts This Page (Optional)		
TOTALS This Period (last page this line number only)		668.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 9
			FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) APMA Podiatry Political Action Committee			
Full Name, Mailing Address, and ZIP Code Fletcher for Congress P.O. Box 4703 Lexington KY 40544	Purpose of Disbursement Ernest L. Fletcher, U.S. HOUSE 8th KY (House - KY - 6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 01/05/2001	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			1000.00