

**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)	(b) Monthly Report Due On:	Feb 20 (M2)	X	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)		Jun 20 (M6)	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)	Special (12S)	Runoff (12R)
October 15 Quarterly Report(Q3)		Convention (12C)				
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 04 01 2001 through 04 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.

**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: ^{Month} 04 ^{Day} 01 ^{Year} 2001 To: ^{Month} 04 ^{Day} 30 ^{Year} 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Year} 2001		294666.64
(b) Cash on Hand at Beginning of Reporting Period	328747.47	
(c) Total Receipts (from Line 19)	14549.54	90130.37
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	343297.01	384797.01
7. Total Disbursements (from Line 30)	14000.00	55500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	329297.01	329297.01
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:

04 01 2001

To:

04 30 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)	4063.54	
(ii) Unitemized	10486.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	14549.54	88665.28
(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)	14549.54	88665.28
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1465.09
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)	14549.54	90130.37
20. Total Federal Receipts (subtract Line 18 from Line 19)	14549.54	90130.37

DETAILED SUMMARY PAGE

of Disbursements

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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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	55500.00
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	0.00
(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	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	14000.00	55500.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	14000.00	55500.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	14549.54	88665.28
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	14549.54	88665.28
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
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	0.00

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

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

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

A. Full Name (Last, First, Middle Initial)
Dr. John V. Simons

Mailing Address
6001 Southwinds Dr.

City State Zip Code
North Little Rock AR 72118-5234

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 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: 4966850

B. Full Name (Last, First, Middle Initial)
Dr. Linda Alexander

Mailing Address
333 4th Ave. N. P.O. Box 50966

City State Zip Code
Jacksonville Beach FL 32250-5621

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 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: 4966809

C. Full Name (Last, First, Middle Initial)
Dr. Arnold G. Bereish

Mailing Address
417 Chadwick Pl.

City State Zip Code
Newport News VA 23606-3169

Date of Receipt
M M / D D / Y Y Y Y
04 / 13 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: 4966928

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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 / 13

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. Deborah A. DeRose

Mailing Address
880 Old Post Rd.

City State Zip Code
Fairfield CT 06430-8403

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 4968805

B. Full Name (Last, First, Middle Initial)
Dr. Brian G. Holcomb

Mailing Address
3454 Green Apple Rd.

City State Zip Code
Gainesville GA 30506-4121

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2001

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: 4968818

C. Full Name (Last, First, Middle Initial)
Dr. Richard L. Grant

Mailing Address
581 Fox Pointe Ct

City State Zip Code
Bloomfield Hills MI 48304-1813

Date of Receipt
M M / D D / Y Y Y Y
04 / 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: 4967784

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 7 / 13	
	<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. Thomas V. Johnson

Mailing Address
1073 Mapleton Ave.

City State Zip Code
Suffield CT 06078-1332

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatry Care Podiatrist

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

Transaction ID: 4966183

Full Name (Last, First, Middle Initial)
B. Dr. Maureen Troy Connely

Mailing Address
858 Gardenia Dr.

City State Zip Code
Delray Beach FL 33483-4806

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 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: 4966198

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

Mailing Address
1327 Pressler Ct. S.

City State Zip Code
Salem OR 97306-2165

Date of Receipt
M M / D D / Y Y Y Y
04 / 27 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cascade Foot Center Podiatrist

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

Transaction ID: 4966835

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 / 13
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input 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. Dr. Kathleen A. Gaul

Mailing Address
5D1 E. Woodland

City State Zip Code
Harlingen TX 78550-4980

Date of Receipt
M M / D D / Y Y Y Y
04 / 27 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Harlingen Podiatry Associates Podiatrist

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

Transaction ID: 4968834

Full Name (Last, First, Middle Initial)
B. 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
04 / 30 / 2001

Amount of Each Receipt this Period
1513.54

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advest, Inc. Investment Firm

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 4851.75

Transaction ID: 4967795

C.

SUBTOTAL of Receipts This Page (optional)	▶	1763.54
TOTAL This Period (last page this line number only)	▶	4063.54

**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) A. Friends of Dick Durbin		Date of Disbursement 04 / 18 / 2001	
Mailing Address P.O. Box 1949 City State Zip Code Springfield IL 62705		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 FRIENDS OF DICK DURBIN		011 Category/ Type	
Candidate Name Mr. Richard J. Durbin		FRIENDS OF DICK DURBIN	
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: 4988829	
State: IL District: 20			

Full Name (Last, First, Middle Initial) B. Jesse Jackson Jr For Congress Committe		Date of Disbursement 04 / 18 / 2001	
Mailing Address 2559 E 72nd St City State Zip Code Chicago IL 60649		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 JESSE JACKSON JR FOR CONGRES		011 Category/ Type	
Candidate Name Jesse L. Jackson, Jr.		JESSE JACKSON JR FOR CONGRESS COMMITTE	
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: 4988828	
State: IL District: 2			

Full Name (Last, First, Middle Initial) C. Pickering For Congress		Date of Disbursement 04 / 18 / 2001	
Mailing Address Po Box 844D City State Zip Code Laurel MS 39441		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 PICKERING FOR CONGRESS		011 Category/ Type	
Candidate Name Charles W. Pickering, Jr.		PICKERING FOR CONGRESS	
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: 4988827	
State: MS District: 3			

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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) A. Gephardt in Congress Committee		Date of Disbursement 04 / 18 / 2001	
Mailing Address 7435 Watson Rd. City: St. Louis State: MO Zip Code: 63119		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00 GEPHARDT IN CONGRESS COMMI		011 Category/ Type	
Candidate Name Mr. Richard A. Gephardt		GEPHARDT IN CONGRESS COMM- ITTEE	
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: 4968828	
State: MO District: 3			

Full Name (Last, First, Middle Initial) B. Friends of Sessions Senate Committee		Date of Disbursement 04 / 23 / 2001	
Mailing Address P.O. Box 4278 City: Montgomery State: AL Zip Code: 36103		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00 FRIENDS OF SESSIONS SENATE		011 Category/ Type	
Candidate Name Mr. Jeff Sessions		FRIENDS OF SESSIONS SENATE COMMITTEE	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4967D33	
State: AL District: 2			

Full Name (Last, First, Middle Initial) C. Ben Cardin for Congress		Date of Disbursement 04 / 23 / 2001	
Mailing Address 100 East Pratt St. 27th Floor City: Baltimore State: MD Zip Code: 21202		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 BEN CARDIN FOR CONGRESS		011 Category/ Type	
Candidate Name Mr. Benjamin L. Cardin		BEN CARDIN FOR CONGRESS	
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: 4967D34	
State: MD District: 3			

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL 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) A. Craig for U.S. Senate			Date of Disbursement 04 / 23 / 2001	
Mailing Address P.O. Box 2754 City Boise State ID Zip Code 83701			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 CRAIG FOR U.S. SENATE			011 Category/ Type	
Candidate Name Senator Larry E. Craig			CRAIG FOR U.S. SENATE	
Office Sought: House X Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼		Transaction ID: 4987D38	
State: ID District: 1				

Full Name (Last, First, Middle Initial) B. Kay Granger Campaign Fund			Date of Disbursement 04 / 23 / 2001	
Mailing Address 910 Houston Street Suite 105-C City Fort Worth State TX Zip Code 76102			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 KAY GRANGER CAMPAIGN FUND			011 Category/ Type	
Candidate Name Kay Granger			KAY GRANGER CAMPAIGN FUND	
Office Sought: X House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼		Transaction ID: 4987D35	
State: TX District: 12				

Full Name (Last, First, Middle Initial) C. Bill Thomas Campaign Committee			Date of Disbursement 04 / 25 / 2001	
Mailing Address P.O. Box 395 City Bakersfield State CA Zip Code 93302			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00 BILL THOMAS CAMPAIGN COMMI			011 Category/ Type	
Candidate Name Mr. Bill Thomas			BILL THOMAS CAMPAIGN COMM- ITTEE	
Office Sought: X House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼		Transaction ID: 4987780	
State: CA District: 21				

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL 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) A. Pallone for Congress		Date of Disbursement 04 / 25 / 2001	
Mailing Address P.O. Box 3176 City State Zip Code Long Branch NJ 07440		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00 PALLONE FOR CONGRESS		011 Category/ Type	
Candidate Name Mr. Frank Pallone, Jr.		PALLONE FOR CONGRESS	
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: 4987789	
State: NJ District: 8			

Full Name (Last, First, Middle Initial) B. Larson for Congress		Date of Disbursement 04 / 25 / 2001	
Mailing Address 28 Ruff Circle City State Zip Code Clastonbury CT 06033		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 LARSON FOR CONGRESS		011 Category/ Type	
Candidate Name John B. Larson		LARSON FOR CONGRESS	
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: 4987793	
State: CT District: 1			

Full Name (Last, First, Middle Initial) C. Simmons For Congress		Date of Disbursement 04 / 25 / 2001	
Mailing Address 12 Roosevelt Ave Box 4 City State Zip Code Mystic CT 06355		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 SIMMONS FOR CONGRESS		011 Category/ Type	
Candidate Name Rob Simmons		SIMMONS FOR CONGRESS	
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: 4987794	
State: CT District: 2			

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL 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) A. Jefferson Committee		Date of Disbursement 04 / 25 / 2001	
Mailing Address 650 Poydras St Suite 2245 City State Zip Code New Orleans LA 70130		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 JEFFERSON COMMITTEE		011 Category/ Type	
Candidate Name William J. Jefferson		JEFFERSON COMMITTEE	
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: 4987792	
State: LA District: 2			

Full Name (Last, First, Middle Initial) B. Friends of Senator Rockefeller		Date of Disbursement 04 / 25 / 2001	
Mailing Address 238 Massachusetts Avenue, #310 City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$3,500.00 FRIENDS OF SENATOR ROCKEFE		011 Category/ Type	
Candidate Name Senator John D. Rockefeller, IV		FRIENDS OF SENATOR ROCKEF- ELLER	
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987791	
State: WV District: 2			

C.

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	14000.00