

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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FEC MAIL ROOM

2000 AUG 21 A 11:40

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (In full)</b> APMA Podiatry Political Action Committee	<b>2. FEC IDENTIFICATION NUMBER</b> C00008838
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 9312 Old Georgetown Road	& <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
<b>CITY, STATE and ZIP CODE</b> Bethesda, MD 20814-1698	

## 4. TYPE OF REPORT

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/00</u> through <u>07/31/00</u>		
6. (a) Cash on Hand January 1, 2000		\$ 262,555.71
(b) Cash on Hand at Beginning of Reporting Period	\$ 303,382.00	
(c) Total Receipts (from Line 18)	\$ 22,371.07	\$ 175,835.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 325,753.07	\$ 438,391.29
7. Total Disbursements (from Line 30)	\$ 19,005.28	\$ 131,643.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 306,747.79	\$ 306,747.79
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	

For further information contact:  
Federal Election Commission  
929 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

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 John B. Carson	Date
Signature of Treasurer <i>John B. Carson</i>	8/15/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
<b>APMA Podiatry Political Action Committee</b>	FROM	TO	
	07/01/00	07/31/00	
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)	8,001.00	78,803.00	11(a)(i)
ii. Unitemized	12,938.00	96,801.00	11(a)(ii)
iii. Total (add i and ii) >	20,939.00	166,403.00	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 (add a iii, b and c) >	20,939.00	166,403.00	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	500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,432.07	8,932.58	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	22,371.07	175,835.58	19
20. Total Federal Receipts (subtract line 18 from line 19) >	22,371.07	175,835.58	20
<b>II. Disbursements</b>			
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	5.28	358.66	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	5.28	358.66	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	19,000.00	128,250.00	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 Schedule 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. Individual/Persons Other Than Political Committees	0.00	3,034.84	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 Contribution Refunds (add a, b and c) >	0.00	3,034.84	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	19,005.28	131,643.50	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	19,005.28	131,643.50	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	20,939.00	166,403.00	32
33. Total Contribution Refunds (from line 28d)	0.00	3,034.84	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	20,939.00	163,368.16	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	5.28	368.66	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	5.28	368.66	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 4  
FOR LINE NUMBER 1181

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Bruce Waxman DPM</b> 29 Blackthorn Loop Wappingers Falls, NY 12590-4226	<b>Self-Employed</b>	07/11/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Podiatrist</b>		
	Aggregate Year-to-Date > \$	250.00	
<b>Rick Martin DPM</b> 2003 E. Market St. York, PA 17402-2841	<b>Martin Foot &amp; Ankle Center</b>	07/11/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Podiatrist</b>		
	Aggregate Year-to-Date > \$	250.00	
<b>William Meditz DPM</b> 7901 Santa Monica Blvd. #209 Los Angeles, CA 90046-5107	<b>Self-Employed</b>	07/11/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Podiatrist</b>		
	Aggregate Year-to-Date > \$	300.00	
<b>Jeffrey Kahn DPM</b> 506 Cromwell Ave. #204 Rocky Hill, CT 06067-1861	<b>CT Foot Care Centers, L.L.C.</b>	07/19/00	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Podiatrist</b>		
	Aggregate Year-to-Date > \$	300.00	
<b>Brian Deschamps DPM</b> 43 W. Main St. #9 Rockville, CT 06066-3549	<b>Self-Employed</b>	07/19/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Podiatrist</b>		
	Aggregate Year-to-Date > \$	250.00	
<b>Stephen Perlmutter DPM</b> 586 Saybrook Rd. Middletown, CT 06457-4743	<b>CT Foot Care Centers</b>	07/19/00	551.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Podiatrist</b>		
	Aggregate Year-to-Date > \$	551.00	
<b>Anthony Iorio DPM</b> 2321 Black Rock TnPk. Fairfield, CT 06430-3285	<b>Fairfield Podiatry Associates</b>	07/19/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Podiatrist</b>		
	Aggregate Year-to-Date > \$	250.00	

**SUBTOTAL** of Receipts This Page (optional) ..... **2,001.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 4  
FOR LINE NUMBER 11 & 1

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**NAME OF COMMITTEE (In Full)**

APMA Podiatry Political Action Committee

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Kenneth Kierstein DPM 182 Montauk Ave. New London, CT 06320-4843</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Drs. Kierstein &amp; DiFrancesca, DPM, P.C.</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>07/18/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Davang Patel DPM 4 Colony St. Norwalk, CT 06851</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Colony Podiatry Associates</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>07/20/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Helena Yee DPM 50 S. Beretania St. #C111 Honolulu, HI 96813-2222</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>HI Foot Clinic</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>500.00</b></p>	<p>Date (month, day, year) <b>07/20/00</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Kenneth Malkin DPM 526 Bloomfield Ave. Caldwell, NJ 07006-6625</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Caldwell Podiatry Center</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>07/20/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Joseph Caporusso DPM 812 Lindberg Ave. McAllen, TX 78501</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Complete Family Foot Care</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>07/21/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Gregory Spain DPM 235 Humphrey Rd. 2 Pineview Pl. #4 Greensburg, PA 15601-4579</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>07/21/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Daniel Hagan DPM 3701 Henderson Dr. Jacksonville, NC 28546-5237</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>300.00</b></p>	<p>Date (month, day, year) <b>07/21/00</b></p>	<p>Amount of Each Receipt this Period <b>300.00</b></p>

**SUBTOTAL** of Receipts This Page (optional) ..... **2,050.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 4  
FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (IN FULL)**

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<b>Mark Young DPM</b> 405 S. Mission #L Mount Pleasant, MI 48858-2410 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Self-Employed</b>  Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	07/21/00	250.00
<b>Robert Sherman DPM</b> 344B Main St. Stratford, CT 06614-4188 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Stratford Podiatry Associates</b>  Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	07/21/00	250.00
<b>Andrew Wahl DPM</b> 1960 Eslington Rd. #103 Joliet, IL 60435-1828 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Eslington Podiatry Group</b>  Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	07/21/00	250.00
<b>Joshua Gerbert DPM</b> CA College of Pod. Med. 1210 Scott St. San Francisco, CA 94115-4009 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Self-Employed</b>  Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	07/21/00	250.00
<b>Richard Brown DPM</b> 2070 W. Iles Ave. Springfield, IL 62704-4174 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Prairie Podiatry, L.L.C.</b>  Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00	07/21/00	300.00
<b>Lisa Lips DPM</b> 201 N. Washington Newberg, OR 97132-2821 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Self-Employed</b>  Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00	07/24/00	500.00
<b>Michael Morrill DPM</b> 2882 Richmond Rd. #100 Lexington, KY 40509-1542 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Family Foot Care</b>  Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	07/25/00	250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2,050.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER 11a

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**NAME OF COMMITTEE (in Full)**

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Garay Weber DPM</b> 12860 Riverside Dr. #305 Studio City, CA 91607-9429  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-Employed	07/25/00	500.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 500.00		
<b>Bryan Cain DPM</b> 2716 W. Gore Blvd. #C Lawton, OK 73505-8338  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Lawton Family Foot Clinic	07/26/00	250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
<b>Alan Biener DPM</b> 505 Rt. 208 Monroe, NY 10950-1607  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-Employed	07/28/00	300.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 300.00		
<b>Wayne Marchand DPM</b> 48 Auburn St. Auburn, MA 01501-2438  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-Employed	07/28/00	300.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 300.00		
<b>Harold Glickman DPM</b> 1145 19th St. N.W. #508 Washington, DC 20036-3701  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-Employed	07/28/00	250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
<b>Paul Tipton DPM</b> 5135 Dixie Hwy. Louisville, KY 40216-1770  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-Employed	07/28/00	300.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 300.00		
<b>G. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		

**SUBTOTAL** of Receipts This Page (optional) ..... 1,900.00

**TOTAL** This Period (last page this line number only) ..... 8,001.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

APMA Pediatric Political Action Committee

**A. Full Name, Mailing Address and ZIP Code**

Advest Inc.  
22 Waterville Rd.  
Avon, CT 06001-2006

**Name of Employer**

Brokerage Firm

**Date (month, day, year)**

07/31/00

**Amount of Each Receipt this Period**

1,432.07

Receipt For:  Primary  General  
 Other (specify):

**Occupation**

Aggregate Year-to-Date > 6 8,932.58

**B. Full Name, Mailing Address and ZIP Code**

**Name of Employer**

**Date (month, day, year)**

**Amount of Each Receipt this Period**

Receipt For:  Primary  General  
 Other (specify):

**Occupation**

Aggregate Year-to-Date > \$

**C. Full Name, Mailing Address and ZIP Code**

**Name of Employer**

**Date (month, day, year)**

**Amount of Each Receipt this Period**

Receipt For:  Primary  General  
 Other (specify):

**Occupation**

Aggregate Year-to-Date > \$

**D. Full Name, Mailing Address and ZIP Code**

**Name of Employer**

**Date (month, day, year)**

**Amount of Each Receipt this Period**

Receipt For:  Primary  General  
 Other (specify):

**Occupation**

Aggregate Year-to-Date > 6

**E. Full Name, Mailing Address and ZIP Code**

**Name of Employer**

**Date (month, day, year)**

**Amount of Each Receipt this Period**

Receipt For:  Primary  General  
 Other (specify):

**Occupation**

Aggregate Year-to-Date > \$

**F. Full Name, Mailing Address and ZIP Code**

**Name of Employer**

**Date (month, day, year)**

**Amount of Each Receipt this Period**

Receipt For:  Primary  General  
 Other (specify):

**Occupation**

Aggregate Year-to-Date > \$

**G. Full Name, Mailing Address and ZIP Code**

**Name of Employer**

**Date (month, day, year)**

**Amount of Each Receipt this Period**

Receipt For:  Primary  General  
 Other (specify):

**Occupation**

Aggregate Year-to-Date > \$

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

1,432.07

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

1,432.07

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Advest, Inc. 22 Waterville Rd. Avon, CT 06001-2005	Interest Income/Advest Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/31/00	5.28
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5.28
<b>TOTAL</b> This Period (last page this line number only) .....	5.28

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Lewis for Congress 1520 Pinehurst Drive, SW Atlanta, GA 30311	John Lewis, U.S. HOUSE 5th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	600.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Doggett for U.S. Congress Committee P.O. Box 5843 Austin, TX 78703	Lloyd Doggett, U.S. HOUSE 10th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Luther for Congress Volunteer Committee 4009 Tenth Avenue North Anoka, MN 55303	William P. "Bill" Luther, U.S. HOUSE 6th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mascara For Congress 831 Lincoln Avenue Charlertol, PA 15022	Frank R. Mascara, U.S. HOUSE 20th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Filner for Congress P.O. Box 127868 San Diego, CA 92112	Bob Filner, U.S. HOUSE 50th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-Elect Brian Bilbray for Congress #270 12780 High Bluff Dr. San Diego, CA 92130	Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Thune For Congress 2127 S Minnesota Ave #206 Po Box 516 Sioux Falls, SD 57101	John R. Thune, U.S. HOUSE AL SD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dave Camp for Congress 2000 5915 Eastman Ave. Suite 100 Midland, MI 48640	Dave Camp, U.S. HOUSE 4th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Connie Morella 7315 Wisconsin Ave. 450W Bethesda, MD 20814	Constance A. Morella, U.S. HOUSE 8th MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
SUBTOTAL of Disbursements This Page (optional)			8,500.00
TOTAL This Period (last page this line number only)			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3  
FOR LINE NUMBER 22

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**NAME OF COMMITTEE (in Full)**

APNA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kratzer for Congress 3814 Gosford Gate Greenville, NC 27858	Duane Kratzer, U.S. HOUSE 8th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
Hulshof for Congress P.O. Box 1621 Columbia, MO 65205	Kenny Hulshof, U.S. HOUSE 9th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/12/00	1,000.00
People For English 530 W 6th St Erie, PA 16507	Phil English, U.S. HOUSE 21st PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/12/00	1,000.00
Senator Gene Green Congressional Campaign P.O. Box 16126 Houston, TX 77222	Gene Green, U.S. HOUSE 29th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/12/00	1,000.00
Paul Perry For Congress 3144 Valleybrook Ct Newburgh, IN 47630	Paul Perry, U.S. HOUSE 8th IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/12/00	1,500.00
Friends of Patrick Kennedy P.O. Box 1358 Providence, RI 02901	Patrick J. Kennedy, U.S. HOUSE 1st RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/12/00	1,000.00
Committee To Re-Elect Ed Towns 360 Clinton Ave., Apt. 5R Brooklyn, NY 11238	Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/12/00	500.00
Bob Franks For US Senate Inc 20 Springholm Drive Berkeley Heights, NJ 07922	Robert Franks, U.S. SENATE NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/12/00	1,500.00
Ed Bryant for Congress Committee CHOB 1st & Independence Ave. SE Washington, DC 20515	Ed Bryant, U.S. HOUSE 7th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/24/00	500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 22

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**NAME OF COMMITTEE (in Full)**

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Etheridge for Congress Committee Post Office Drawer 1059 Lillington, NC 27546	Bob Etheridge, U.S. HOUSE 2nd NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/24/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Roy Blunt P.O. Box 278 Stratford, MO 65757	Roy Blunt, U.S. HOUSE 7th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/24/00	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carnahan For Senate Committee 13750 C R 4030 Rolla, MO 65401	Mel Carnahan, U.S. SENATE MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/24/00	2,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

**SUBTOTAL** of Disbursements This Page (optional) .....

3,500.00

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

19,000.00

