

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 17 9 30 AM '99

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) APMA Podiatry Political Action Committee		2. FEC IDENTIFICATION NUMBER C00000020
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 8312 Old Georgetown Road		
CITY, STATE and ZIP CODE Bethesda, MD 20814-1098		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

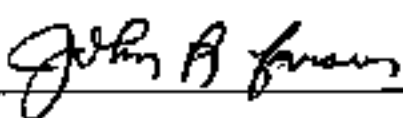
## 4. TYPE OF REPORT

- (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:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     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>06/01/99</u> through <u>06/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 235,183.15
(b) Cash on Hand at Beginning of Reporting Period	\$ 275,485.45	
(c) Total Receipts (from Line 19)	\$ 31,858.69	\$ 170,299.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 307,144.04	\$ 405,482.60
7. Total Disbursements (from Line 30)	\$ 20,000.00	\$ 118,538.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 287,144.04	\$ 287,144.04
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 899 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 John R. Carson	Date 7-15-99
Signature of Treasurer 	

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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FEC FORM 3X  
(revised 9/98)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <b>APMA Podiatry Political Action Committee</b>	REPORT COVERING PERIOD		
	FROM 06/01/90	TO 06/30/90	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	8,860.00	84,882.00	11(a)(i)
ii. Unitemized	21,880.00	66,000.00	11(a)(ii)
iii. Total (add i and ii) >	30,740.00	152,882.00	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 ii, b and c) >	30,740.00	152,882.00	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	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,278.59	7,417.35	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) >	31,658.59	170,299.35	19
20. Total Federal Receipts (subtract line 18 from line 19) >	31,658.59	170,299.35	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(i)(i)
ii. Non-Federal Share	0.00	0.00	21(i)(ii)
b. Other Federal Operating Expenditures	0.00	338.46	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	338.46	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	20,000.00	118,000.00	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	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 Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) >	20,000.00	118,338.46	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	20,000.00	118,338.46	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	30,740.00	152,882.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	30,740.00	152,882.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	338.46	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	338.46	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 6  
FOR LINE NUMBER 11 e i

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

<b>A. Full Name, Mailing Address and ZIP Code</b> Daniel Ryan DPM 2024 S. 6th St. Brainerd, MN 56401-9322		Name of Employer Brainerd Medical Center, P.A.	Date (month, day, year) 05/07/99	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 > \$ 500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Paul Schwartz DPM 1470 Ygnacio Valley Rd. #102 Walnut Creek, CA 94598-2845		Name of Employer Self-Employed	Date (month, day, year) 06/07/99	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 > \$ 250.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Howard Ritchlin DPM 500 W. Whitney Rd. Pentfield, NY 14526-2341		Name of Employer Genesee Valley Podiatry	Date (month, day, year) 06/07/99	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 > \$ 250.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Jeffrey Kafun DPM 506 Cromwell Ave. #204 Rocky Hill, CT 06067-1851		Name of Employer CT Foot Care Centers, L.L.C.	Date (month, day, year) 06/08/99	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Gerald Gronborg DPM 719 Logan Blvd. Altoona, PA 16802-4165		Name of Employer Self-Employed	Date (month, day, year) 06/08/99	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 > \$ 500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Howard Stone DPM 405 Lake Cook Rd. Deerfield, IL 60016-4918		Name of Employer North Shore Podiatry Group	Date (month, day, year) 06/08/99	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 > \$ 250.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Richard Miller DPM 717 S. Torrence St. Charlotte, NC 28204-3071		Name of Employer Carnal Foot Specialists, P.A.	Date (month, day, year) 05/08/99	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Podiatrist	Aggregate Year-to-Date > \$ 300.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 2,200.00

**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 2 OF 5  
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
Stuart Steinberg DPM 3322 W. Magnolia Blvd. Burbank, CA 91505-2807	Burbank Foot Care Center	06/09/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael McDonough DPM 685 W. Granada Blvd. #F Ormond Beach, FL 32174-5182	Self-Employed	06/09/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Bruyn DPM 450 N. 11th St. Beaumont, TX 77702-1804	Beaumont Foot Specialists	06/09/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Hogan DPM 41 Oak St. Binghamton, NY 13905-4827	Self-Employed	06/09/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Perimuttler DPM 535 Saybrook Rd. Middletown, CT 06457-4743	CT Foot Care Centers	06/10/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lancing Malusky DPM 15 Southmoor Cir. N.E. Kettering, OH 45429-2407	Kettering Podiatry Associates	06/10/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Morris Prigoff DPM 2509 S. Hampton Rd. #B102 LB #7 Dallas, TX 75224-3047	Oak Cliff Podiatry Center	06/11/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 250.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 1,700.00

**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 5  
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
Kenneth Sangpihl DPM 2366 Nicholasville Rd. #503 Lexington, KY 40503-5063	Self-Employed	06/14/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louise Tortora DPM 1300 Post Rd. #208 Fairfield, CT 06430-6039	Self-Employed	08/17/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Palmer DPM 255 N. Broadway Portland, OR 97227-1800	Metropolitan Clinic	06/21/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Wilpa DPM 3747 Main St. Weirton, WV 26062-4644	Associate in Foot & Ankle Care	06/21/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Katz DPM 1800 Cortez Rd. W. Bradenton, FL 34207-1835	Cortez Podiatry Associates	06/21/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Krych DPM 12221 Mo Pac Expy. N. Austin, TX 78758	The Austin Diagnostic Clinic	06/22/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory Worley DPM 1616 Burlington Pike #3 Florence, KY 41042	Northern KY Foot Specialists	06/22/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	

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

2,100.00

**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 1 OF 1  
FOR LINE NUMBER 11 a L

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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
Richard Kuhn DPM Medical Park #17 Valley, AL 36854	Self-Employed	06/22/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 250.00	
Richard Wainbaum DPM 206 Gatewood Ave. High Point, NC 27252-4820	Family Foot & Ankle Specialists, P.A.	06/28/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 500.00	
George Jacobson DPM 1352 N.W. 104th Dr. Coral Springs, FL 33071	Self-Employed	05/28/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 250.00	
Marc Maikon DPM 3369 Center Point Rd. N.E. Cedar Rapids, IA 52402-5568	Self-Employed	06/28/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 250.00	
Steven Smith DPM 8829 S. 82nd E. Ct. Tulsa, OK 74133	Self-Employed	06/29/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 250.00	
Jill Jackson-Smith DPM P.O. Box 689 Supulpa, OK 74057	Supulpa Foot & Ankle Clinic	06/25/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 250.00	
Geoffrey Bricker DPM 2828 N. National Ave. #H Springfield, MO 65803-4306	Self-Employed	05/29/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 349.00	

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

2,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 5 OF 8  
FOR LINE NUMBER 11 a 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 Malkin DPM 526 Bloomfield Ave. Caldwell, NJ 07006-5525</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Caldwell Podiatry Center</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 06/29/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Keith Kalleh DPM 4906 S. U.S. 1 Fort Pierce, FL 34982</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 06/29/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

**SUBTOTAL of Receipts This Page (optional)** ..... **500.00**

**TOTAL This Period (last page this line number only)** ..... **8,500.00**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code Adveast Inc. 22 Waterville Rd. Avon, CT 06001-2005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Brokerage Firm Occupation Aggregate Year-to-Date > \$ 7,417.35	Date (month, day, year) 06/30/99	Amount of Each Receipt this Period 1,278.59
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1,278.59
<b>TOTAL</b> This Period (last page this line number only) .....	1,278.59



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 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
Friends of Sam Johnson P.O. Box 518145 Dallas, TX 75251	Sam Johnson, U.S. HOUSE 3rd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/02/99	500.00
Watkins for Congress Box WW Stillwater, OK 74078	Wes Watkins, U.S. HOUSE 3rd OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/02/99	500.00
Friends of Maurice Hinchey 24 Manor Lane Saugerties, NY 12477	Maurice D. Hinchey, U.S. HOUSE 28th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/02/99	1,000.00
Friends of Mark Foley For Congress 3507 Village Blvd #5-304 West Palm Beach, FL 33409	Mark Foley, U.S. HOUSE 15th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/02/99	500.00
Russell Bldg 1st & C St. NE Washington, DC 20510 Hagel for Nebraska	Chuck Hagel, U.S. SENATE NE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996	08/11/99	1,000.00
J.D. Hayworth for Congress P.O. Box 9207 Mesa, AZ 85214	J.D. Hayworth, U.S. HOUSE 6th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/11/99	1,000.00
Louise Slaughter Re-Election Committee 10th Floor One Exchange St. Rochester, NY 14614	Louise M. Slaughter, U.S. HOUSE 29th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/11/99	500.00
Roth Senate Committee Hart Bldg. 2nd & C St. NE Washington, DC 20510	William V. Roth, U.S. SENATE DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/11/99	1,000.00
Friends of Robert C. Byrd SH-311 Washington, DC 20510	Robert C. Byrd, U.S. SENATE WV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/17/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 3  
FOR LINE NUMBER 33

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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
Ted Strickland for Congress P.O. Box 1492 Portsmouth, OH 45662	Ted Strickland, U.S. HOUSE 6th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/17/99	500.00
Don Payne for Congress PO Box 2406 Newark, NJ 07114	Donald M. Payne, U.S. HOUSE 10th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/17/99	500.00
Nethercutt For Congress P.O. Box 1925 Spokane, WA 99201	George R. Nethercutt, U.S. HOUSE 5th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/17/99	1,600.00
Fletcher for Congress P.O. Box 4703 Lexington, KY 40544	Ernest L. Fletcher, U.S. HOUSE 6th KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/17/99	500.00
Maloney For Congress 49 East 92nd Street New York, NY 10128	Carolyn B. Maloney, U.S. HOUSE 14th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/17/99	1,000.00
Peter Deutch for Congress P.O. Box 26678 Tamarac, FL 33320	Peter Deutch, U.S. HOUSE 20th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/17/99	600.00
Bryan Baird for Congress 1516 Franklin St Vancouver, WA 98660	Brian Baird, U.S. HOUSE 3rd WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/17/99	500.00
Ellen Tauscher For Congress 5811 Highland Road Pleasanton, CA 94688	Ellen O. Tauscher, U.S. HOUSE 10th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/17/99	500.00
Napolitano for Congress 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	Grace F. Napolitano, U.S. HOUSE 34th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/21/99	600.00

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

6,000.00

**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 2 OF 2  
FOR LINE NUMBER 23

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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
Friends of Sherrod Brown 111 Edgelfield Dr. Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/24/99	1,000.00
Friends of Lois Capps PO Box 23840 Santa Barbara, CA 93121	Lois Capps, U.S. HOUSE 22nd CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/24/99	1,000.00
PO Box 324 Manchester, IA 52057 Nussle for Congress Committee	Jim Nussle, U.S. HOUSE 2nd IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/24/99	1,500.00
Ben Cardin for Congress 100 East Pratt St. 27th Floor Baltimore, MD 21202	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/24/99	1,500.00
Pickering For Congress Po Box 8440 Laurel, MS 39441	Charles W. "Chip" Pickering, U.S. HOUSE 3rd MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/24/99	1,000.00
Elect Kucinich to Congress Committee 10674 Lorain Avenue Cleveland, OH 44111	Dennis J. Kucinich, U.S. HOUSE 10th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/24/99	1,000.00
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) .....	7,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	20,000.00

