

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 17 P 4 08

USE FEC MAILING LABEL OR TYPE OR PRINT

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 type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) <input checked="" type="checkbox"/>

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>06/01/00</u> through <u>06/30/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ <u>262,555.71</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>302,069.27</u>	
(c) Total Receipts (from Line 19)	\$ <u>16,642.73</u>	\$ <u>153,464.51</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>318,832.00</u>	\$ <u>416,022.22</u>
7. Total Disbursements (from Line 30)	\$ <u>15,250.00</u>	\$ <u>112,638.32</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>303,382.00</u>	\$ <u>303,382.00</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0.00</u>	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20483 Toll Free 800-424-6500 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0.00</u>	

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	
Signature of Treasurer 	Date <u>7-13-00</u>

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

**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 06/01/00	TO: 06/30/00	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
I. Itemized (use Schedule A)	5,160.00	62,601.00	11(a)(1)
II. Unitemized	9,893.00	82,883.00	11(a)(2)
III. Total (add I and II) >	15,053.00	145,484.00	11(a)(3)
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) >	15,053.00	145,484.00	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.)	1,508.73	7,500.51	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) >	16,542.73	153,464.51	19
20. Total Federal Receipts (subtract line 18 from line 19) >	16,542.73	153,464.51	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
I. Federal Share	0.00	0.00	21(a)(1)
II. Non-Federal Share	0.00	0.00	21(a)(2)
b. Other Federal Operating Expenditures	0.00	353.38	21(b)
c. Total Operating Expenditures (add a I, a II, and b) >	0.00	353.38	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	15,250.00	109,250.00	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. Individuals/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	15,250.00	112,538.22	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	15,250.00	112,538.22	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) >			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	15,053.00	145,464.00	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)	15,053.00	142,429.16	34
35. Total Federal Operating Expenditures (add 21 a I and 21 b) >	0.00	353.38	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	353.38	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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
Michael Droulette DPM 1146 19th St. N.W. #203 Washington, DC 20036-3701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-Employed Occupation Podiatrist Aggregate Year-to-Date > 6 250.00	06/01/00	250.00
Steven Smith DPM 6829 S. 92nd E. Ct. Tulsa, OK 74133 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-Employed Occupation Podiatrist Aggregate Year-to-Date > 5 250.00	06/02/00	250.00
Jill Jackson-Smith DPM P.O. Box 669 Supulpa, OK 74087 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Supulpa Foot & Ankle Clinic Occupation Podiatrist Aggregate Year-to-Date > 5 250.00	06/02/00	250.00
David Feller DPM 2544 Mossie Blvd. #115 Monroeville, PA 15146-3348 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ankle & Foot Center Occupation Podiatrist Aggregate Year-to-Date > 3 500.00	06/05/00	500.00
James Lisle DPM 939 Oak St. S.E. #112 Salem, OR 97301-3909 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Cascade Foot Center Occupation Podiatrist Aggregate Year-to-Date > 8 500.00	06/08/00	250.00
Francisco Tello DPM 225 N. 7th St. Bismarck, ND 58501 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-Employed Occupation Podiatrist Aggregate Year-to-Date > 3 250.00	06/09/00	250.00
Patrick DeHear DPM 1325 N. National Rd. Columbus, IN 47201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Winona Foot & Ankle Center Occupation Podiatrist Aggregate Year-to-Date > 3 350.00	06/12/00	350.00

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 2 OF 3
FOR LINE NUMBER 1181

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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
Herbert Kosmahl DPM 795 Red Bud Rd. N.E. Calhoun, GA 30701-1988	N. GA Out Patient Surgery Center	06/13/00	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
Stephen Pribut DPM 2141 K St. N.W. #702 Washington, DC 20037	Self-Employed	06/13/00	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
Michael Sherwin DPM P.O. Box 267 De Pere, WI 54115-0267	Family Foot Care, S.C.	06/15/00	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
Kenneth Bengtziehl DPM 2366 Nicholasville Rd. #503 Lexington, KY 40503-3063	Self-Employed	06/16/00	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
E. LeDoux DPM 215 E. Choctaw #105 McAlester, OK 74501	Self-Employed	06/19/00	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
Charles Anderson DPM 500 E. Robinson #500 Norman, OK 73071	Anderson Foot & Ankle Clinic	06/21/00	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
Robert Frimmel DPM 1921 Waldemere St. #106 Sarasota, FL 34239-2913	Sarasota Footcare Center, P.A.	06/23/00	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	

BUSHTOTAL of Receipts This Page (optional)

1,750.00

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 3
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 Allen Weinstein DPM 927 S. Florida Ave. Lakeland, FL 33803-1148	Name of Employer Foot Care Center of Lakeland Occupation Podiatrist	Date (month, day, year) 06/23/00	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	
B. Full Name, Mailing Address and ZIP Code Kevin McDonald DPM Family Foot Care P.O. Box 886 Statesboro, GA 30459-0886	Name of Employer Self-Employed Occupation Podiatrist	Date (month, day, year) 06/27/00	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	
C. Full Name, Mailing Address and ZIP Code Jondelle Jenkins DPM 1706 E. 87th St. Chicago, IL 60617-2740	Name of Employer J.B. Jenkins & Associates Occupation Podiatrist	Date (month, day, year) 06/28/00	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	
D. Full Name, Mailing Address and ZIP Code Eric Hubbard DPM Long Beach Memorial Med. Ctr. 2333 Pacific Ave. Long Beach, CA 90806-3025	Name of Employer Self-Employed Occupation Podiatrist	Date (month, day, year) 06/30/00	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	1,300.00
TOTAL This Period (last page this line number only)	5,150.00

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 Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006	Name of Employer Brokerage Firm	Date (month, day, year) 06/30/00	Amount of Each Receipt this Period 1,509.73
	Occupation	Aggregate Year-to-Date > \$ 7,500.51	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Receipts This Page (optional)	1,509.73
TOTAL This Period (last page this line number only)	1,509.73

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 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
Tiberl 2000 6208 Honeytree Loop West Columbus, OH 43229	Patrick Tiberl, U.S. HOUSE 12th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/08/00	250.00
B. Full Name, Mailing Address and ZIP Code Citizens To Elect Rick Larsen 1407 90th Ave Ne Everett, WA 98205	Richard Larsen, U.S. HOUSE 2nd WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/00	1,800.00
C. Full Name, Mailing Address and ZIP Code Nebraskans for Nelson P.O. Box 250 Boystown, NE 68010	Ben Nelson, U.S. SENATE NE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/00	2,500.00
D. Full Name, Mailing Address and ZIP Code Senn 2000 Po Box 22034 Seattle, WA 98122	Deborah Senn, U.S. SENATE WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/08/00	1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Dave Weldon 1602 Williar Road, NW Palm Bay, FL 32907	Dave Weldon, U.S. HOUSE 15th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/00	500.00
F. Full Name, Mailing Address and ZIP Code Hal Rogers For Congress 309 College St Somerset, KY 42501	Harold "HAL" Rogers, U.S. HOUSE 5th KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/00	1,000.00
G. Full Name, Mailing Address and ZIP Code People for Ganske 5907 Grand Ave. Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/08/00	1,000.00
H. Full Name, Mailing Address and ZIP Code Peter Deutsch for Congress P.O. Box 26676 Tamarac, FL 33320	Peter Deutsch, U.S. HOUSE 20th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/00	600.00
I. Full Name, Mailing Address and ZIP Code 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	06/08/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

8,750.00

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)

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
Jeffords for Vermont SH-728 Washington, DC 20510	James M. Jeffords, U.S. SENATE VT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/00	1,000.00
Friends of Lane Evans P.O. Box 5263 Rock Island, IL 61204	Lane Evans, U.S. HOUSE 17th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/00	1,000.00
Kennedy for Senate 426 C St NE Washington, DC 20002	Edward M. Kennedy, U.S. SENATE MA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/18/00	1,500.00
Lincoln Chafee for U.S. Senate Po Box 7328 Warwick, RI 02887	Lincoln Chafee, U.S. SENATE RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/18/00	1,500.00
Bryan Baird for Congress 1518 Franklin St. Vancouver, WA 98660	Brian Baird, U.S. HOUSE 3rd WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/18/00	500.00
Inlee for Congress 218 Main Street Suite 198 Kirkland, WA 98033	Jay Inlee, U.S. HOUSE 1st WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/18/00	500.00
Stupak for Congress P.O. Box 143 Menominee, MI 49858	Bart Stupak, U.S. HOUSE 1st MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/18/00	500.00
Scotty Baesler for Congress Suite A100 2365 Harrodsburg Rd. Lexington, KY 40504	Scotty Baesler, U.S. HOUSE 6th KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/18/00	500.00
Langevin for Congress 45 Lindy Ave Riverside, RI	James R. Langevin, U.S. HOUSE 2nd RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/18/00	500.00

SUBTOTAL of Disbursements This Page (optional)

7,500.00

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 3 OF 3
FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

APMA Pediatric 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 Thune For Congress 2127 S Minnesota Ave #206 Po Box 515 Sioux Falls, SD 57101	Validated Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/27/00	-1,000.00
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

SUBTOTAL of Disbursements This Page (optional)

-1,000.00


TOTAL This Period (last page this line number only)

15,250.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7-13-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	7-17-00 DATE PREPARED