

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM  
FEB 19 12 48 PM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
APMA Podiatry Political Action Committee

ADDRESS (number and street)  Check if different than previously reported  
9312 Old Georgetown Road

CITY, STATE and ZIP CODE  
Bethesda, MD 20814-1698

2. FEC IDENTIFICATION NUMBER  
C00008839

3.  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>01/01/99</u> through <u>01/31/99</u>		
6.	(a) Cash on Hand January 1, 19 <u>99</u>		\$ 235,183.15
	(b) Cash on Hand at Beginning of Reporting Period	\$ 235,183.15	
	(c) Total Receipts (from Line 19)	\$ 17,831.19	\$ 17,831.19
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 253,014.34	\$ 253,014.34
7.	Total Disbursements (from Line 30)	\$ 6,599.82	\$ 6,599.82
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 246,414.52	\$ 246,414.52
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  
899 E Street, NW  
Washington, DC 20488  
Toll Free 800-426-9530  
Local 202-219-3420

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: *John R. Carson*      Date: 2-17-99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437c.

**FEC FORM 3X**  
(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE	APMA Podiatry Political Action Committee	REPORT COVERING PERIOD	
		FROM 01/01/90	TO 01/31/90
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
<b>I. Receipts</b>			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	9,751.00	9,751.00
ii.	Unitemized	8,867.00	8,867.00
iii.	Total (add i and ii) >	16,618.00	16,618.00
b.	Political Party Committees	0.00	0.00
c.	Other Political Committees (such as PACs)	0.00	0.00
d.	Total Contributions (add a iii, b and c) >	16,618.00	16,618.00
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.)	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.)	1,213.19	1,213.19
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	17,831.19	17,831.19
20.	Total Federal Receipts (subtract line 18 from line 19) >	17,831.19	17,831.19
<b>II. Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share	0.00	0.00
ii.	Non-Federal Share	99.82	99.82
b.	Other Federal Operating Expenditures	0.00	0.00
c.	Total Operating Expenditures (add a i, a ii, and b) >	99.82	99.82
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	8,500.00	8,500.00
24.	Independent Expenditures (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		
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 a, b and c) >	0.00	0.00
29.	Other Disbursements	6,599.82	6,599.82
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6,599.82	6,599.82
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >		
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans) from line 11d)	16,618.00	16,618.00
33.	Total Contribution Refunds (from line 28d)	0.00	0.00
34.	Net Contributions (other than loans) (subtract line 33 from 32)	16,618.00	16,618.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	99.82	99.82
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00
37.	Net Operating Expenditures (subtract line 36 from 35) >	99.82	99.82

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **5** OF **5**  
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
George Teoutsouris DPM 9105-A Indianapolis Blvd. #102 Highland, IN 46322-2504	SELF-EMPLOYED	01/01/99	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 Robert Freestone DPM 3312 N. Janney Ave. Muncie, IN 47304-2064	SELF-EMPLOYED	01/01/99	260.00
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 Vincent Melloso DPM 411 Graham Ave. Brooklyn, NY 11211-2421	SELF-EMPLOYED	01/01/99	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	
D. Full Name, Mailing Address and ZIP Code Sanjeev Singh DPM P.O. Box 1156 Troy, AL 36081-1156	SELF-EMPLOYED	01/11/99	251.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 251.00	
E. Full Name, Mailing Address and ZIP Code Gregory Amaranos DPM 1006 Church St. Glenview, IL 60026-2927	SELF-EMPLOYED	01/14/99	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	
F. Full Name, Mailing Address and ZIP Code Steven Grunfeld DPM 2012 6th Ct. S. Birmingham, AL 35205-2704	Birmingham Podiatry, P.C.	01/19/99	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 Harvey Lederman DPM 836 Farmington Ave. #105 West Hartford, CT 06118-1544	West Hartford Podiatry Associates	01/19/99	550.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date \$ 550.00	

**SUBTOTAL** of Receipts This Page (optional) ..... **2,151.00**

**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 6  
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
Marc Lederman DPM 838 Farmington Ave. #105 West Hartford, CT 06119-1544	West Hartford Podiatry Associates	01/19/99	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Matthew Garoufalis DPM 5301 S. Cicero Ave. Chicago, IL 60632-4916	Professional Foot Care Specialists	01/25/99	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Graham DPM 808 W. Temple Ave. #202 Effingham, IL 62401-2187	SELF-EMPLOYED	01/26/99	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Wuerizer DPM 1350 E. Main St. Dothan, AL 36301-3012	SELF-EMPLOYED	01/27/99	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
Joseph Klefer DPM 1901 N. 9th Ave. Panama City, FL 32503-4535	Gulf Coast Podiatry	01/28/99	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daria McDonough DPM P.O. Box 4211 Ormond Beach, FL 32175-4211	SELF-EMPLOYED	01/28/99	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Shurt Courtney DPM 2524 E. Hallandale Beach Blvd. Hallandale, FL 33009-4817	SELF-EMPLOYED	01/28/99	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	

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

2,050.00

TOTAL This Period (list 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 11 a 1

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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
Mark Block DPM 2200 W. Glades Rd. #906 Boca Raton, FL 33431-7309	SELF-EMPLOYED Occupation: Podiatrist	01/28/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
Gregg Harris DPM 9980 Central Park Blvd. N.#106 Boca Raton, FL 33428-1703	SELF-EMPLOYED Occupation: Podiatrist	01/28/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
Martin Karns DPM 333 Arthur Godfrey Rd. Miami Beach, FL 33140-3608	SELF-EMPLOYED Occupation: Podiatrist	01/28/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
Dennie Frisch DPM 30 S.E. 7th St. Boca Raton, FL 33432-6134	Boca Raton Podiatry Occupation: Podiatrist	01/28/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
Brian Moyles DPM 211 E. New Haven Ave. Melbourne, FL 32901-4503	Melbourne Podiatry Associates Occupation: Podiatrist	01/28/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
Steven Spinner DPM 201 N. University Dr. Plantation, FL 33324	SELF-EMPLOYED Occupation: Podiatrist	01/28/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
Robert Slwick DPM 814-A Mar Walk Dr. Fort Walton Beach, FL 32547-6706	Emerald Coast Podiatry Center Occupation: Podiatrist	01/28/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		

**SUBTOTAL** 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 4 OF 5  
FOR LINE NUMBER 11 a 1

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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
Thomas Berens DPM 915 N.W. 56th Ter. Gainesville, FL 32605-8408	Gainesville Podiatry Associates	01/20/99	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	
Henry Merritt Jr. DPM 929 E. Cypress Creek Rd. Fort Lauderdale, FL 33334	Lauderdale Foot Care Center	01/28/99	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	
Roberta Gludka-Teller DPM 118 S.W. 4th Ave. Gainesville, FL 32601-8554	SELF-EMPLOYED	01/28/99	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 500.00	
James Steinick DPM 1108 S. Highland Ave. Clearwater, FL 33756	SELF-EMPLOYED	01/28/99	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	
Marvin Odre DPM 3255 S. Highlands Ave. Sebring, FL 33870	Foot & Ankle Associates	01/28/99	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	
William Lynde DPM 1703 Langhorne Newton Rd. #1 Langhorne, PA 19047-1008	Newtown Podiatry, Inc.	01/28/99	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	
R. Eckerlein DPM 4650 N. 9th Ave. Pensacola, FL 32503-2447	SELF-EMPLOYED	01/28/99	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	

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

2,500.00

**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 **5** OF **5**  
FOR LINE NUMBER **11 a 1**

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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
<p><b>Barney Greenberg DPM</b> 2651 Hollywood Blvd. Hollywood, FL 33020-4840</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Podiatry Associates</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date \$ <b>500.00</b></p>	<p><b>01/28/99</b></p>	<p><b>500.00</b></p>
<p><b>Alan Biener DPM</b> 605 Rt. 208 Monroe, NY 10950-1607</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>SELF-EMPLOYED</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date \$ <b>300.00</b></p>	<p><b>01/29/99</b></p>	<p><b>300.00</b></p>
<p><b>Mackie Walker Jr. DPM</b> 161 Waterloo St. S.W. Aiken, SC 29801-3756</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Carolina Podiatric Medical Assoc., P.A.</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date \$ <b>500.00</b></p>	<p><b>01/28/99</b></p>	<p><b>500.00</b></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><b>Name of Employer</b></p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></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><b>Name of Employer</b></p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></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><b>Name of Employer</b></p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></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><b>Name of Employer</b></p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>

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

**1,300.00**

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

**9,751.00**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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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
Brokerage Firm Advast Inc. 22 Waterville Rd. Avon, CT 06001-2006  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Brokerage Firm  Occupation  Aggregate Year-to-Date > \$ 1,213.19	01/31/99	1,213.19
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

SUBTOTAL of Receipts This Page (optional)

1,213.19

TOTAL This Period (last page this line number only)

1,213.19



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE OF  
FOR LINE NUMBER

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**NAME OF COMMITTEE (in Full)**

APMA Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robb for Senate SR-154 Washington, DC 20510	Charles S. Robb, U.S. SENATE VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/07/99	1,000.00
SNOWE FOR SENATE SR-250 WASHINGTON, DC 20510	Olympia J. Snowe, U.S. SENATE ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/07/99	1,000.00
Citizens for Ron Klink #214 141 Renfar Street Pittsburgh, PA	Ron Klink, U.S. HOUSE 4th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/07/99	1,000.00
Hoeffel for Congress 700 East Johnson Highway Norristown, PA 19401	Joseph M Hoeffel, U.S. HOUSE 13th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/07/99	500.00
Simpson for Congress 788 Hoff drive Blackfoot, ID 83221	Michael Simpson, U.S. HOUSE 2nd ID Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/07/99	1,000.00
Spence for Congress Committee P.O. Box 1476 Columbia, SC 29202	Floyd D. Spence, U.S. HOUSE 2nd SC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/07/99	500.00
G. Gary Miller for Congress P.O. Box 4662 Diamond Bar, CA 91765	Gary G. Miller, U.S. HOUSE 41st CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/07/99	600.00
Mike Skelton For Congress Committee P.O. Box A Harrisonville, MO 64701	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/12/98	-500.00
Re-Elect Congressman Joe Moakley 39 Summer Street, Suite 1250 Boston, MA 02110	Joe Moakley, U.S. HOUSE 9th MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/29/99	500.00

SUBTOTAL of Disbursements This Page (optional)

5,500.00

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 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
Luther for Congress Volunteer Committee 4009 Tenth Avenue North Anoka, MN 55303	William P. "Bill" Luther, U.S. HOUSE 6th MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/29/99	500.00
B. Full Name, Mailing Address and ZIP Code Lampson for Congress P.O. Box 21578 Beaumont, TX 77720	Nick Lampson, U.S. HOUSE 8th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/29/99	500.00
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

**SUB TOTAL** of Disbursements This Page (optional)

1,000.00

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

6,500.00

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
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<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
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<i>SLP</i> PREPARER	3-19-99 DATE PREPARED