

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 JUN 15 P 1:52

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) APMA Podiatry Political Action Committee		2. FEC IDENTIFICATION NUMBER C60006630
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 8312 Old Georgetown Road		
CITY, STATE and ZIP CODE Bethesda, MD 20814-1698		
3. <input 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
6.	Covering Period <u>05/01/00</u> through <u>05/31/00</u>		
6.	(a) Cash on Hand January 1, 2000		\$ 262,555.71
	(b) Cash on Hand at Beginning of Reporting Period	\$ 287,789.27	
	(c) Total Receipts (from Line 18)	\$ 23,300.00	\$ 135,921.76
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 321,089.27	\$ 399,477.49
7.	Total Disbursements (from Line 80)	\$ 19,000.00	\$ 97,388.22
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 302,089.27	\$ 302,089.27
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	
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 <i>John R. Carson</i>			Date 6-12-00

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

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

FEC FORM 3X  
(revised 8/93)

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

(revised 1/1/81)

NAME OF COMMITTEE <b>APMA Podiatry Political Action Committee</b>		REPORT COVERING PERIOD FROM <b>05/01/00</b> TO: <b>05/31/00</b>	
		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6,715.00	57,461.00	11(a)(i)
ii. Unitemized	15,210.00	72,080.00	11(a)(ii)
iii. Total (add i and ii) >	21,925.00	129,431.00	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) >	21,925.00	130,431.00	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.)	1,375.00	5,990.78	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) >	23,300.00	136,921.78	19
20. Total Federal Receipts (subtract line 18 from line 19) >	23,300.00	136,921.78	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	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	19,000.00	94,000.00	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	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) >	19,000.00	97,388.22	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	19,000.00	97,388.22	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	21,925.00	130,431.00	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)	21,925.00	127,396.16	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

PAGE 1 OF 2  
FOR LINE NUMBER 11 a 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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew C. Schink DPM 1680 Chambers St. #201 Eugene, OR 97402-3655	Self employed	05/01/00	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
R. Davis DPM 2409 Main St. Bridgeport, CT 06606-5324	Self-Employed	05/02/00	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
Thomas Abrahamson DPM 225 Main St. #301 Westport, CT 06880-3216	Self-Employed	05/02/00	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
Anthony Tocco DPM 318 N. Halifax Ave. Daytona Beach, FL 32118-4010	Self-Employed	05/02/00	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
Nancy Kaplan DPM 50 Union Ave. #502 Irvington, NJ 07111	Self-Employed	05/03/00	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
Edward Anderson DPM 319 Audubon St. Henderson, KY 42420	Self-Employed	05/05/00	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
Dennis DiMatteo DPM 224 Taunton Ave. East Providence, RI 02914-3731	Self-Employed	05/05/00	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	

**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 11 a

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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>Robert Tinsley III DPM</b> 964 S. Wickham Rd. #2 Melbourne, FL 32904-1851	<b>Self-Employed</b>	05/05/00	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>Richard Jason DPM</b> 1808 University Blvd. S. Jacksonville, FL 32216-8931	<b>Self-Employed</b>	05/08/00	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>Robert Rutstein DPM</b> 587 Farmington Ave. Hartford, CT 06105-3057	<b>Self-Employed</b>	05/08/00	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>Ronald Sollitto DPM</b> 289 Market St. Saddle Brook, NJ 07863-6026	<b>Self-Employed</b>	05/08/00	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>Paula Raugella DPM</b> 3157 Mt. Morris Rd. #103 Waynesburg, PA 15370	<b>Greene Podiatry Associates, Inc.</b>	05/09/00	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>C. Irvin DPM</b> 3157 Mt. Morris Rd. #103 Waynesburg, PA 15370	<b>Greene Podiatry Associates, Inc.</b>	05/09/00	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>William O'Neil DPM</b> 1711 Davis Ave. Statesville, NC 28677-3521	<b>Carolina Foot Care Associates</b>	05/16/00	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) .....

1,850.00

**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 3  
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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
John Forrette DPM 1100 E. 21st Street Sioux Falls, SD 57105	Central Plains Clinic	05/17/00	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 540.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold Sterling Jr. DPM 1500 W. Saginaw St. Lansing, MI 48915-1353	Self-Employed	05/22/00	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Quinn DPM 900 Riverside Dr. #1 Waupaca, WI 54981-1983	Plaza Podiatry Associates	05/23/00	125.00
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
Marc Walner DPM 2035 Wickford Ct. Bloomfield Township, MI 48304	Self-Employed	05/23/00	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	
E. 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. #206 Fairfield, CT 06430-8038	Self-Employed	05/23/00	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Gletzman DPM 2000 Hampton Ctr. #B Morgantown, WV 26505-2997	FootWise Podiatry of West Virginia	05/26/00	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
Marc Bruell DPM 1550 S. Woodland Ave. Michigan City, IN 46360	Self-Employed	05/30/00	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) ..... 1,785.00

**TOTAL** This Period (last page this line number only) ..... 5,715.00

**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 06001-2005	Name of Employer Brokerage Firm  Occupation	Date (month, day, year)  05/31/00	Amount of Each Receipt this Period  1,375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 5,990.76	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1,375.00
<b>TOTAL</b> This Period (last page this line number only) .....	1,375.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER

73

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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
<b>Nita Lowey For Congress</b> 1185 Avenue of the Americas New York, NY 10035	<b>Nita M. Lowey, U.S. HOUSE</b> 18th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/05/00	1,000.00
<b>Peterson for Congress</b> Route 3 Box 47H Detroit Lakes, MN 56502	<b>Collin C. Peterson, U.S. HOUSE</b> 7th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/05/00	1,000.00
<b>Re-Elect Brian Billbray for Congress</b> #270 12700 High Bluff Dr. San Diego, CA 92130	<b>Brian P. Billbray, U.S. HOUSE</b> 49th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/05/00	1,000.00
<b>Scotty Baesler for Congress</b> Suite A100 2365 Harrodsburg Rd. Lexington, KY 40504	<b>Scotty Baesler, U.S. HOUSE</b> 6th KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/05/00	500.00
<b>BYRUM FOR CONGRESS</b> PO Box 26191 Lansing, MI 48823	<b>Dianne Byrum, U.S. HOUSE</b> 9th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/05/00	500.00
<b>LIEBERMAN 2000</b> CT	<b>Joseph L. Lieberman, U.S. SENATE</b> CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/12/00	1,000.00
<b>Jim Turner for Congress</b> P.O. Box 780 Crockett, TX 75865	<b>Jim Turner, U.S. HOUSE</b> 2nd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/12/00	500.00
<b>Cubin for Congress</b> P.O. Box 4657 Casper, WY 82504	<b>Barbara Cubin, U.S. HOUSE</b> AL WY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/12/00	500.00
<b>Camahan For Senate Committee</b> 13750 C R 4030 Rolla, MO 65401	<b>Mel Camahan, U.S. SENATE</b> MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/12/00	2,500.00

**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

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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
Schakowsky for Congress 990 Grove Avenue Suite 203 Evanston, IL 60201	Janice D. Schakowsky, U.S. HOUSE 9th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/22/00	500.00
B. Full Name, Mailing Address and ZIP Code Rogers For Congress 8888 Corrigan Drive Brighton, MI 48116	Michael Rogers, U.S. HOUSE 8th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/22/00	500.00
C. Full Name, Mailing Address and ZIP Code Norwood for Congress 3643 Walton Way Extension Augusta, GA 30909	Charlie Norwood, U.S. HOUSE 10th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/22/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Shella Jackson Lee for Congress 1823 Banks Street Houston, TX 77098	Shella Jackson Lee, U.S. HOUSE 18th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/22/00	500.00
E. Full Name, Mailing Address and ZIP Code J.D. Hayworth for Congress P.O. Box 9207 Mesa, AZ 85214	J.D. Hayworth, U.S. HOUSE 8th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/31/00	1,500.00
F. Full Name, Mailing Address and ZIP Code Pallone for Congress 540 Broadway Long Branch, NJ 07410	Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/31/00	500.00
G. Full Name, Mailing Address and ZIP Code Ben Cardin for Congress 100 East Pratt St. 27th Floor Baltimore, MD 21202	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/31/00	500.00
H. Full Name, Mailing Address and ZIP Code Simpson for Congress 786 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) 2000	05/31/00	500.00
I. Full Name, Mailing Address and ZIP Code Levin for Congress 30536 Dequindre Warren, MI 48092	Sander M. Levin, U.S. HOUSE 12th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/31/00	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**

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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 Scott McInnis 3320 Crestview Way Grand Junction, CO 81506	Scott McInnis, U.S. HOUSE 3rd CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/31/00	500.00
B. Full Name, Mailing Address and ZIP Code Rush Holt For Congress 273 Pennington Rocky Hill Road Pennington, NJ 08634	Rush D. Holt, U.S. HOUSE 12th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/31/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Stenholm for Congress P.O. Box 1032 Stamford, TX 79553	Charles W. Stenholm, U.S. HOUSE 17th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/31/00	500.00
D. Full Name, Mailing Address and ZIP Code Oliver for Congress P.O. Box 819 Amherst, MA 01004	John Oliver, U.S. HOUSE 1st MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/31/00	500.00
E. Full Name, Mailing Address and ZIP Code Mike Ross for Congress Committee PO Box 360 Prescott, AR 71857	Michael Avery Ross, U.S. HOUSE 4th AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/31/00	1,000.00
F. Full Name, Mailing Address and ZIP Code Anne Meagher Northup For Congress 3340 Lexington Road Louisville, KY 40206	Anne Meagher Northup, U.S. HOUSE 3rd KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/31/00	500.00
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

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

4,000.00

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

19,000.00

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 6-13-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
<i>SL</i> PREPARER	6-15-00 DATE PREPARED