

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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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	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)	
CITY, STATE and ZIP CODE Bethesda, MD 20814-1698		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- 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	05/01/00 through 05/31/00		
6. (a) Cash on Hand January 1, 2000			\$ 262,555.71
6. (b) Cash on Hand at Beginning of Reporting Period		\$ 287,789.27	
6. (c) Total Receipts (from Line 18)		\$ 23,300.00	\$ 135,921.76
6. (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	

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
John R. Carson

Signature of Treasurer

John R. Carson

Date

6-12-00

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)