

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

May 14 2 13 PM '99

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  
C00000000

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:

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20       | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20          | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20          | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input checked="" type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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	04/01/99 through 04/30/99		
6. (a) Cash on Hand January 1, 19 99			\$ 226,183.16
(b) Cash on Hand at Beginning of Reporting Period		\$ 257,494.53	
(c) Total Receipts (from Line 19)		\$ 32,208.52	\$ 118,324.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 289,704.05	\$ 353,507.33
7. Total Disbursements (from Line 30)		\$ 18,000.00	\$ 78,803.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 273,704.05	\$ 273,704.06
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
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

Signature of Treasurer *John R. Carson* Date 5/12/99

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 9/93)

**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>04/01/80</b>	TO: <b>04/30/80</b>
		<b>COLUMN A</b>	<b>COLUMN B</b>
		<b>Total This Period</b>	<b>Calendar Year</b>
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	0,325.00	48,582.00	11(a)(i)
ii. Unitemized	21,640.00	64,845.00	11(a)(ii)
iii. Total (add i and ii) >	20,972.00	113,427.00	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 iii, b and c) >	20,972.00	113,427.00	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.)	1,237.52	4,897.18	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) >	32,209.52	118,324.18	19
20. Total Federal Receipts (subtract line 18 from line 19) >	32,209.52	118,324.18	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	303.28	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	303.28	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	16,000.00	79,500.00	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	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 21 c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	16,000.00	79,803.28	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	16,000.00	79,803.28	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11 d)	20,972.00	113,427.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from line 32)	20,972.00	113,427.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	303.28	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from line 35) >	0.00	303.28	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 5  
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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Daniel Hagan DPM 3701 Henderson Dr. Jacksonville, NC 28546-5237</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 <math>\\$</math> 300.00</p>	<p>Date (month, day, year) 04/02/99</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> David Neese DPM 740 E. Main St. Anoka, MN 55309</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Family Foot &amp; Ankle Clinic, P.A.</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date <math>\\$</math> 300.00</p>	<p>Date (month, day, year) 04/06/99</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Kathryn Riffe DPM 162 Davy Crockett Mall Trenton, TN 38382-2934</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 <math>\\$</math> 300.00</p>	<p>Date (month, day, year) 04/06/99</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> John Shimko DPM 19453 Highway 73 #A Cornelius, NC 28831</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Lakeside Foot Clinic</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date <math>\\$</math> 300.00</p>	<p>Date (month, day, year) 04/06/99</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Kathryn Schramm DPM 5800 Monroe St. Bldg. A Sylvania, OH 43560-2209</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</p> <p>Aggregate Year-to-Date <math>\\$</math> 250.00</p>	<p>Date (month, day, year) 04/06/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Devang Patel DPM 4 Colony St. Norwalk, CT 06851</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Colony Podiatry Associates</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date <math>\\$</math> 250.00</p>	<p>Date (month, day, year) 04/06/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> John Morehead DPM 6160 S. Yale Tulsa, OK 74136-1900</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 <math>\\$</math> 250.00</p>	<p>Date (month, day, year) 04/07/99</p>	<p>Amount of Each Receipt this Period 250.00</p>

**SUBTOTAL of Receipts This Page (optional)** ..... 1,950.00

**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 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
Richard Rupp DPM 218 N. Orange St. #E. Glendale, CA 91203-2511	Self-employed	04/07/99	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	
Lynn LeBlanc DPM 47 Jolley Dr. Bloomfield, CT 06002-3082	Self-employed	04/08/99	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	
Kathryn Mashey DPM 500 Albany Ave. Hartford, CT 06120	Community Health Services	04/09/99	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	
William O'Neill DPM 1711 Davis Ave. Statesville, NC 28677-3521	Carolina Foot Care Associates	04/09/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 450.00	
Edward Wiebe DPM 8 W. Columbus Flagstaff, AZ 86001-3202	Self-employed	04/12/99	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	
David Freedman DPM 3801 International Dr. #204 Silver Spring, MD 20906-1550	Self-employed	04/12/99	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	
Walter Clark DPM 2012 8th Ct. S. Birmingham, AL 35205-2704	Birmingham Podiatry, P.C.	04/13/99	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) ..... 1,750.00

**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

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FOR LINE NUMBER 11

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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 Cardon DPM 307 S. 12th Ave. #9 Yakima, WA 98902-3136	Central Washington Podiatry Service	04/14/99	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
Bradford Glass DPM 1300 W. Wall St. Midland, TX 79701-6622	Self-employed	04/19/99	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sherman Nagler DPM 1200 Blinz St. #920 Houston, TX 77004-6826	Park Plaza Foot Specialists	04/19/99	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	
D. 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	04/19/99	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Albrecht DPM 8579 Commerce Dr. #100 Easton, MD 21601	Self-employed	04/19/99	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Latham Jr. DPM 34 W. 2nd St. Ashland, OH 44805-2201	Self-employed	04/19/99	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Armstrong DPM 342A Gifford St. Falmouth, MA 02540-2848	Falmouth Podiatry	04/19/99	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	

SUBTOTAL of Receipts This Page (optional) ..... 1,750.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF 5  
FOR LINE NUMBER 11

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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>Elliot Michael DPM</b> 882 S.E. Oak St. Hillsboro, OR 97123-4240 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Hillsboro Foot Clinic</b>  Occupation <b>Podiatrist</b> Aggregate Year-to-Date > \$ 500.00	04/19/99	500.00
<b>Joseph Setter DPM</b> 2708 McGraw Dr. Bloomington, IL 61704-6012 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Self-employed</b>  Occupation <b>Podiatrist</b> Aggregate Year-to-Date > \$ 225.00	04/22/99	125.00
<b>Kirk Davis DPM</b> 601 Wayne Ave. Chambersburg, PA 17201-3805 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Self-employed</b>  Occupation <b>Podiatrist</b> Aggregate Year-to-Date > \$ 250.00	04/22/99	250.00
<b>David Alpar DPM</b> 1 Oak Ave. Belmont, MA 02476-2751 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Self-employed</b>  Occupation <b>Podiatrist</b> Aggregate Year-to-Date > \$ 250.00	04/23/99	250.00
<b>Joseph Stuto DPM</b> 100 Remsen St. Brooklyn, NY 11201-4256 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>SELF-EMPLOYED</b>  Occupation <b>Podiatrist</b> Aggregate Year-to-Date > \$ 300.00	04/23/99	300.00
<b>Jerome Reeves DPM</b> 205-07 Hillside Ave. #15 Melts, NY 11423-2220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Franklin Foot Care</b>  Occupation <b>Podiatrist</b> Aggregate Year-to-Date > \$ 250.00	04/23/99	250.00
<b>Darrell Prins DPM</b> 3011 N.E. West Devils Lake Rd. Lincoln City, OR 97367 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Lincoln County Foot Health Center</b>  Occupation <b>Podiatrist</b> Aggregate Year-to-Date > \$ 250.00	04/26/99	250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1,925.00</b>
<b>TOTAL</b> 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 6 FOR LINE NUMBER 11 ai

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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
Eric Nelson DPM 13847 E. 14th St. #210 San Leandro, CA 94578-2524	Self-employed	04/26/99	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	
Neal Mozen DPM 18161 W. 18 Mile Rd. #D2 Southfield, MI 48076-1113	Self-employed	04/28/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 400.00	
Timothy Kempte DPM 49 Birch St. Derry, NH 03038-2716	Self-employed	04/28/99	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	
Paul Tipton DPM 5135 Dixie Hwy. Louisville, KY 40218-1770	Self-employed	04/28/99	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	
John Grady DPM 4820 Southwest Hwy. Oak Lawn, IL 60453-2416	Self-employed	04/29/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
Michael Cooke DPM 2858 Boudinot Ave. #201 Cincinnati, OH 45238-2424	SELF-EMPLOYED	04/29/99	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	
John Lindholm DPM 6661 Odana Rd. Madison, WI 53718-1052	Self-employed	04/30/99	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	

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

1,851.00

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

9,326.00

**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

<b>A. Full Name, Mailing Address and ZIP Code</b> Advest Inc. 22 Waterville Rd. Avon, CT 06001-2008	Name of Employer <b>Brokerage Firm</b>  Occupation	Date (month, day, year)  04/30/99	Amount of Each Receipt this Period  <b>1,237.52</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>4,897.18</b>		
<b>B. Full Name, Mailing Address and ZIP Code</b>	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 > \$		
<b>C. Full Name, Mailing Address and ZIP Code</b>	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 > \$		
<b>D. Full Name, Mailing Address and ZIP Code</b>	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 > \$		
<b>E. Full Name, Mailing Address and ZIP Code</b>	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 > \$		
<b>F. Full Name, Mailing Address and ZIP Code</b>	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 > \$		
<b>G. Full Name, Mailing Address and ZIP Code</b>	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) ..... **1,237.52**

**TOTAL** This Period (last page this line number only) ..... **1,237.52**



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
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
Mike Bilirakis for Congress P.O. Box 1077 Tarpon Springs, FL 34888	Michael Bilirakis, U.S. HOUSE 8th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Porter for Congress Committee Suite 201 910 Skokie Blvd. Northbrook, IL 60062	John Porter, U.S. HOUSE 10th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Kyl for Senate SH-724 Washington, DC 20615	Jon Kyl, U.S. SENATE AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Lazio For Congress 70 Bayway Avenue Brightwaters, NY 11718	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
E. Full Name, Mailing Address and ZIP Code Martin Frost Campaign Committee P.O. Box 4218 Dallas, TX 75208	Martin Frost, U.S. HOUSE 24th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
F. Full Name, Mailing Address and ZIP Code Klides For Congress P.O. Box 317 Flint, MI 48501	Dale E. Klides, U.S. HOUSE 9th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Dave Weldon 1602 Wilier Road, NW Palm Bay, FL 32907	Dave Weldon, U.S. HOUSE 15th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Diana DeGette for Congress P.O. Box 61337 Denver, CO 80205	Diana DeGette, U.S. HOUSE 1st CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
I. Full Name, Mailing Address and ZIP Code John D. Dingell for Congress Committee 607 Fourteenth St, NW Washington, DC 20005	John D. Dingell, U.S. HOUSE 16th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00

**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 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
<p><b>Nita Lowey For Congress</b> 1185 Avenue of the Americas New York, NY 10036</p>	<p><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</p>	<p>04/14/99</p>	<p>500.00</p>
<p><b>Ben Cardin for Congress</b> 100 East Pratt St. 27th Floor Baltimore, MD 21202</p>	<p><b>Benjamin L. Cardin, U.S. HOUSE</b> 3rd MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>04/28/99</p>	<p>500.00</p>
<p><b>A Lot of People Who Support Jeff Bingaman</b> P.O. Box 204B Albuquerque, NM 87109</p>	<p><b>Jeff Bingaman, U.S. SENATE</b> NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>04/28/99</p>	<p>2,500.00</p>
<p><b>Stenholm for Congress</b> P.O. Box 1092 Stamford, TX 79658</p>	<p><b>Charlas W. Stenholm, U.S. HOUSE</b> 17th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>04/28/99</p>	<p>500.00</p>
<p><b>Bob Etheridge for Congress Committee</b> Post Office Drawer 1069 Lillington, NC 27648</p>	<p><b>Bob Etheridge, U.S. HOUSE</b> 2nd NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>04/28/99</p>	<p>500.00</p>
<p><b>Committee to Elect Mike McIntyre to Congress</b> 3750 Berkley Lane Lumberton, NC 28358</p>	<p><b>Mike McIntyre, U.S. HOUSE</b> 7th NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>04/28/99</p>	<p>500.00</p>
<p><b>Friends of Sherrad Brown</b> 111 Edgefield Dr. Elyria, OH 44035</p>	<p><b>Sherrad Brown, U.S. HOUSE</b> 13th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>04/28/99</p>	<p>1,000.00</p>
<p><b>Texans for Henry Bonilla</b> 16643 Cloud Top San Antonio, TX 78248</p>	<p><b>Henry Bonilla, U.S. HOUSE</b> 23rd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>04/28/99</p>	<p>500.00</p>
<p><b>Anna Eshoo for Congress</b> 555 Capitol Mall Ste 1425 Sacramento, CA 95814</p>	<p><b>Anna G. Eshoo, U.S. HOUSE</b> 14th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>04/28/99</p>	<p>500.00</p>

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

7,000.00

**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 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
Luther for Congress Volunteer Committee 4009 Tenth Avenue North Anoka, MN 55303	William P. "Bill" Luther, U.S. HOUSE 6th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	500.00
B. Full Name, Mailing Address and ZIP Code Gerald C "Jerry" Weller For Congress P.O. Box 687 Morris, IL 60450	Purpose of Disbursement Gerald C. "Jerry" Weller, U.S. HOUSE 11th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	500.00
C. Full Name, Mailing Address and ZIP Code 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814 Napolitano for Congress	Purpose of Disbursement 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	04/28/99	500.00
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) .....

1,500.00

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

16,000.00

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 5-12-99
<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>JEP</i> PREPARER	 5-14-99 DATE PREPARED