

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 24 P 1:37

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) APMA Podiatry Political Action Committee		2. FEC IDENTIFICATION NUMBER C00008839
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
5. Covering Period	12/01/99 through 12/31/99		
6. (a) Cash on Hand January 1, 19 99			\$ 235,163.15
(b) Cash on Hand at Beginning of Reporting Period		\$ 255,029.62	
(c) Total Receipts (from Line 10)		\$ 12,840.78	\$ 249,095.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 267,870.40	\$ 494,276.73
7. Total Disbursements (from Line 30)		\$ 5,314.89	\$ 221,723.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 262,555.71	\$ 262,555.71
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 20463
Toll Free 800-424-9500
Local 202-218-3420

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 <i>John R. Carson</i>	Date 1-19-00

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

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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 APMA Podiatry Political Action Committee		REPORT COVERING PERIOD	
		FROM 12/01/80	TO: 12/31/80
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	2,987.50	00,288.50	11(a)(i)
ii. Unitemized	8,506.00	142,702.20	11(a)(ii)
iii. Total	11,442.50	233,070.70	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	11,442.50	233,070.70	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	650.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,398.28	15,374.88	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts	12,840.78	249,095.58	19
20. Total Federal Receipts	12,840.78	249,095.58	20
II. Disbursements			
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	214.69	3,623.02	21(b)
c. Total Operating Expenditures	214.69	3,623.02	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	500.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,100.00	217,600.00	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	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	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements	5,314.69	221,723.02	30
31. Total Federal Disbursements	5,314.69	221,723.02	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11 d)	11,442.50	233,070.70	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,442.50	233,070.70	34
35. Total Federal Operating Expenditures	214.69	3,623.02	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures	214.69	3,623.02	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 1

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
Mark Saffer DPM 5050 Schaefer Rd. Dearborn, MI 48126-3200 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Midwest Health Center Occupation: Podiatrist Aggregate Year-to-Date > \$ 250.00	12/03/99	250.00
Alan Balkansky DPM 7201 W. Burrelgh St. Milwaukee, WI 53210-1120 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Podiatrist Aggregate Year-to-Date > \$ 250.00	12/08/99	250.00
Harold Glickman DPM 1145 19th St. N.W. #508 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 > \$ 250.00	12/09/99	250.00
Edward Fryman DPM 3650 Merrick Rd. Seaford, NY 11763-2811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Seaford Foot Care Center Occupation: Podiatrist Aggregate Year-to-Date > \$ 312.50	12/15/99	187.50
Frank DeSlo DPM 3771 Nesconset Hwy. #108 Centereach, NY 11720 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Podiatrist Aggregate Year-to-Date > \$ 250.00	12/20/99	250.00
Darrell Price DPM 3011 N.E. West Devils Lake Rd. Lincoln City, OR 97357 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Lincoln County Foot Health Center Occupation: Podiatrist Aggregate Year-to-Date > \$ 375.00	12/21/99	125.00
Melisa Moneon DPM 45-F Division St. Eugene, OR 97404 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Santa Clara Foot Care Center Occupation: Podiatrist Aggregate Year-to-Date > \$ 325.00	12/21/99	125.00

SUBTOTAL of Receipts This Page (optional)

1,437.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 2 OF 2
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
Patrick Evoy DPM 2408 N.E. Division St. #100 Bend, OR 97701-3543	Cascade Foot Clinic	12/21/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Podiatrist	Aggregate Year-to-Date: \$ 375.00	
John Callahan DPM 1111 Liberty St. S.E. Salem, OR 97302	Salem Foot Clinic	12/21/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: \$ 225.00	
Donald Kaplan DPM 1207 Grand Ave. Asbury Park, NJ 07712-6027	Salt Employed	12/28/99	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	
Edward O'Brien DPM 135 W. Dares Beach Rd. Prince Frederick, MD 20678-3119	Podiatry Group, P.A.	12/31/99	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	
Richard Brown DPM 2070 W. Iles Ave. Springfield, IL 62704-4174	Prairie Podiatry, L.L.C.	12/31/99	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	
Zackwile Parr DPM P.O. Box 1007 Poplar Bluff, MO 63902-1007	Poplar Bluff Podiatry Clinic	12/31/99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Podiatrist	Aggregate Year-to-Date: \$ 300.00	
Michael Conway DPM 892 N. Broadway North Massapequa, NY 11758	Massapequa Foot Care	12/31/99	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)

1,500.00

TOTAL This Period (last page this line number only)

2,837.50

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 Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006	Name of Employer Brokerage Firm Occupation	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 1,398.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 15,374.88	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 1,398.28

TOTAL This Period (last page this line number only) 1,398.28

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 218

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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
Advest, Inc. 22 Waterville Rd. Avon, CT 06001-2006	Interest Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/99	214.59
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

214.59

TOTAL This Period (last page this line number only)

214.59

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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	12/06/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Franks for Congress 219 South St., Suite 203 New Providence, NJ 07974	Bob Franks, U.S. HOUSE 7th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/06/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Ohio PAC 5310 McKittrick Blvd. Columbus, OH 43235	S. Surliff earmarked \$100.00 for state PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/06/99	100.00
D. Full Name, Mailing Address and ZIP Code Whitfield for Congress Committee 200 E. 9th Street Hopkinsville, KY 42240	Edward Whitfield, U.S. HOUSE 1st KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/29/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Darlene Hooley For Congress 6404 Falling St West Linn, OR 97068	Darlene Hooley, U.S. HOUSE 5th OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/29/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Bill Morrow for Congress 214 Avenida Las Brisas Oceanside, CA 92057	Bill Morrow, U.S. HOUSE 48th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/29/99	1,000.00
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)

5,100.00


TOTAL This Period (last page this line number only)

5,100.00

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 1/19/00
<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	
 PREPARER	1/24/00 DATE PREPARED