

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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FEC MAIL ROOM

2000 OCT 21 A 8 22

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> APMA Podiatry Political Action Committee	<b>2. FEC IDENTIFICATION NUMBER</b> C00008830
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 9312 Old Georgetown Road	<b>3.</b> <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
<b>CITY, STATE and ZIP CODE</b> 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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 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 <u>10/01/00</u> through <u>10/18/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 262,555.71
(b) Cash on Hand at Beginning of Reporting Period	\$ 280,734.24	
(c) Total Receipts (from Line 10)	\$ 4,635.00	\$ 219,967.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(d) for Column B)	\$ 285,369.24	\$ 482,522.73
7. Total Disbursements (from Line 30)	\$ 15,100.00	\$ 212,253.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 270,269.24	\$ 270,269.24
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  
999 E Street, NW  
Washington, DC 20543  
Toll Free 800-426-6330  
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

10-18-00

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>APMA Podiatry Political Action Committee</b>		REPORT COVERING PERIOD FROM <b>10/01/00</b> TO: <b>10/18/00</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)	1,800.00	83,226.60	11(a)(1)
ii. Unitemized	2,935.00	124,464.50	11(a)(2)
iii. Total (add i and ii) >	4,735.00	207,691.10	11(a)(3)
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) >	4,735.00	207,691.10	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.)	0.00	11,726.52	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) >	4,735.00	219,967.02	19
20. Total Federal Receipts (subtract line 18 from line 19) >	4,735.00	219,967.02	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)(1)
ii. Non-Federal Share	0.00	0.00	21(a)(2)
b. Other Federal Operating Expenditures	0.00	368.65	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	368.65	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	15,100.00	208,850.00	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) >	15,100.00	212,253.49	30
31. Total Federal Disbursements (subtract line 21 a iii from line 30) >	15,100.00	212,253.49	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	4,735.00	207,691.10	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)	4,735.00	204,656.26	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	368.65	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	368.65	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 11 OF 11  
FOR LINE NUMBER 11a

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> Anthony Borgie DPM 6701 W. Charleston Blvd. #208 Las Vegas, NV 89102</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Southern NV Foot &amp; Ankle Center</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>10/02/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Zackwria Parr DPM P.O. Box 1007 Poplar Bluff, MO 63902-1007</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Poplar Bluff Podiatry Clinic</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>300.00</b></p>	<p>Date (month, day, year) <b>10/05/00</b></p>	<p>Amount of Each Receipt this Period <b>300.00</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Peter Bregman DPM 11 Middlesex Ave. #5 Wilmington, MA 01887</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>N.E. Foot Specialists</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>10/08/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Carol LaRoss DPM 6180 S. Yale Ave. 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 <b>Springer Clinic</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>10/10/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Michael Joyce DPM 2233 N. Hamline Ave. #101 Roseville, MN 55113-5002</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Roseville Podiatry Clinic</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>10/11/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Eugene Sherwood DPM 1260 Miles Rd. Bldg. A1 Fairfield, OH 45014-2912</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Corrective Step Footcare</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>10/12/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Jose Mateo-Diaz DPM 162 Rodriguez Irrizary Arecibo, PR 00612</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>10/17/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>

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

**1,800.00**

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

**1,800.00**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

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)**

APWA 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 For Slade Gorton P.O. Box 3348 Bellevue, WA 98009	Slade Gorton, U.S. SENATE WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/04/00	2,500.00
Friends of Lane Evans P.O. Box 5263 Rock Island, IL 61204	Lane Evans, U.S. HOUSE 17th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/04/00	1,000.00
Cantor for Congress 2500 E. Parham Rd. Suite 5 Richmond, VA 23228	Eric Cantor, U.S. HOUSE 7th VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/04/00	1,000.00
Nethercull For Congress P.O. Box 1925 Spokane, WA 99201	George R. Nethercull, U.S. HOUSE 5th WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/04/00	4,000.00
Friends of Jim Maloney 20 E. Main Street, Ste 235 Waterbury, CT 05702	Jim Maloney, U.S. HOUSE 5th CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/04/00	500.00
Rush Holt For Congress P.O. Box 782 Pennington, NJ 08534	Rush D. Holt, U.S. HOUSE 12th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/04/00	1,000.00
Friends of Ferr Committee 555 Capital Mall Suite 1425 Sacramento, CA 95814	Sam Ferr, U.S. HOUSE 17th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/04/00	500.00
Watkins for Congress Box WW Stillwater, OK 74076	Wea Watkins, U.S. HOUSE 3rd OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/04/00	500.00
John Tauris 1363 Stony Brook Rd. Stony Brook, NY 11790	Refund PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/00	100.00

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

11,100.00

**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
<b>Friends of Maurice Hinchey</b> 24 Manor Lane Saugerties, NY 12477	<b>Maurice D. Hinchey, U.S. HOUSE 25th NY</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/00	500.00
<b>Larson for Congress</b> 29 Ruff Circle Glastonbury, CT 06033	<b>John B. Larson, U.S. HOUSE 1st CT</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/00	500.00
<b>Mike Ross for Congress Committee</b> PO Box 360 Prescott, AR 71857	<b>Michael Avery Ross, U.S. HOUSE 4th AR</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/00	1,000.00
<b>Henry E Brown Jr For Congress</b> 1035 Dominion Drive Hanahan, SC 29406	<b>Henry Brown, U.S. HOUSE 1st SC</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/00	1,000.00
<b>Barrett For Congress</b> 2711 N Avondale Blvd Milwaukee, WI 53210	<b>Thomas M. Barrett, U.S. HOUSE 5th WI</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/16/00	1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b>	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
<b>G. Full Name, Mailing Address and ZIP Code</b>	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
<b>H. Full Name, Mailing Address and ZIP Code</b>	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
<b>I. Full Name, Mailing Address and ZIP Code</b>	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) .....

15,100.00

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 <i>10-19-02</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>JMU</i> PREPARER	<i>10-21-02</i> DATE PREPARED