

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2001 MAR 27 P 2:53

USE FEC MAILING LABEL OR TYPE OR PRINT

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
C00006839

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 checked="" 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>02/01/00</u> through <u>02/29/00</u>		\$ 262,555.71
6. (a) Cash on Hand January 1, 20 <u>00</u>	\$ 268,682.68	
(b) Cash on Hand at Beginning of Reporting Period	\$ 49,898.05	\$ 86,647.69
(c) Total Receipts (from Line 19)	\$ 318,581.73	\$ 329,203.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 32,186.94	\$ 41,808.51
7. Total Disbursements (from Line 30)	\$ 286,394.79	\$ 287,394.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ...	\$ 0.00	
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 20463
Toll Free 800-424-9530
Local 202-219-3420

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 *John R. Carson*

Date
3-20-00

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

(revised 1/1/91)

NAME OF COMMITTEE APMA Podiatry Political Action Committee	REPORT COVERING PERIOD		
	FROM 02/01/00	TO 02/28/00	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)iii
i. Itemized (use Schedule A)	22,200.00	20,081.00	11(a)ii
ii. Unitemized	26,445.00	36,197.00	11(a)iii
iii. Total (add i and ii) >	48,645.00	64,248.00	11(b)
b. Political Party Committees	0.00	0.00	11(c)
c. Other Political Committees (such as PACs)	0.00	0.00	11(d)
d. Total Contributions (add a iii, b and c) >	48,645.00	64,248.00	12
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	13
13. All Loans Received	0.00	0.00	14
14. Loan Repayments Received	0.00	0.00	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	500.00	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	1,254.05	1,899.69	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	18
18. Transfers from Nonfederal Account for Joint Activity	49,899.05	66,647.69	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	49,899.05	66,647.69	20
20. Total Federal Receipts (subtract line 18 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00	21(a)ii
i. Federal Share	0.00	0.00	21(a)iii
ii. Non-Federal Share	186.94	273.77	21(b)
b. Other Federal Operating Expenditures	186.94	273.77	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	22
22. Transfers to Affiliated/Other Party Committees	32,000.00	38,500.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	24
24. Independent Expenditures (use Schedule E)	0.00	0.00	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	26
26. Loan Repayments Made	0.00	0.00	27
27. Loans Made			
28. Refunds of Contributions To:	0.00	3,034.84	28(a)
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(b)
b. Political Party Committees	0.00	0.00	28(c)
c. Other Political Committees (such as PACs)	0.00	3,034.84	28(d)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	29
29. Other Disbursements	32,186.94	41,808.61	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	32,186.94	41,808.61	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	48,645.00	64,248.00	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)	48,645.00	61,213.16	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	186.94	273.77	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	186.94	273.77	37

SCHEDULE A

ITEMIZED RECEIPTS

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
Dennis Frisch DPM 30 S.E. 7th St. Boca Raton, FL 33432-6134	Boca Raton Podiatry	02/01/00	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barney Greenberg DPM 2651 Hollywood Blvd. Hollywood, FL 33020-4840	Podiatry Associates	02/01/00	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheldon Willans DPM 2150 S. Ocean Blvd. #3A Del Ray Beach, FL 33483	Self Employed	02/01/00	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Damon DPM 64 Palomba Dr. Enfield, CT 06082-3844	Self Employed	02/01/00	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
Brian Moyles DPM 211 E. New Haven Ave. Melbourne, FL 32901-4503	Melbourne Podiatry Associates	02/01/00	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
Stephen Meritt DPM 431 W. 8th St. Jacksonville, FL 32206-4332	Self Employed	02/01/00	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 Klein DPM The Garden Shops 7050 W. Palmello Park Rd. #18 Boca Raton, FL 33433	Self Employed	02/01/00	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	

SUBTOTAL of Receipts This Page (optional) 2,250.00

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 11
FOR LINE NUMBER 11 a i

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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
Henry Merritt Jr. DPM 1160 N. S.R. 7 Fort Lauderdale, FL 33313 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Lauderdale Foot Care Center Occupation Podiatrist Aggregate Year-to-Date \$ 250.00	02/01/00	250.00
Evelyn Cloud DPM 8211 Mar Del Plata St. E. Jacksonville, FL 32256-7349 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	02/01/00	250.00
Mark Block DPM 2200 W. Glades Rd. #906 Boca Raton, FL 33431-7309 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	02/01/00	250.00
Stephen Moss DPM 8450 38th Ave. N. #310 St. Petersburg, FL 33710-1560 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	02/01/00	250.00
Robert Siwcki DPM 914-A Mar Walt Dr. Fort Walton Beach, FL 32547-8706 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Emerald Coast Podiatry Center Occupation Podiatrist Aggregate Year-to-Date \$ 250.00	02/01/00	250.00
Donald Popper DPM 1619 Farmington Ave. Wellington, FL 33414 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	02/01/00	250.00
Timothy Tillo DPM 11808-2 San Jose Blvd. Jacksonville, FL 32223-1862 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	02/01/00	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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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
James Strickland DPM 225 2nd Ave. N. St. Petersburg, FL 33701-3317	Self Employed	02/01/00	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin Kama DPM 333 Arthur Godfrey Rd. Miami Beach, FL 33140-3609	Self Employed	02/01/00	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
Tyler Brahm DPM 300 Jeffords St. #D Clearwater, FL 33755	Self Employed	02/01/00	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Irwin Ayes DPM 5415 Park St. N. #C St. Petersburg, FL 33709-7062	Self Employed	02/02/00	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
Robert Sowell DPM 5100 N. Brookline #375 Oklahoma City, OK 73112-3803	Self Employed	02/04/00	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Martin DPM 2003 E. Market St. York, PA 17402-2841	Marlin Foot & Ankle Center	02/04/00	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
Steven Glickman DPM 4770 Rochester Rd. #104 Troy, MI 48068-4951	Self Employed	02/04/00	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	

2,250.00

SUBTOTAL of Receipts This Page (optional)

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 1181

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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
Thomas Komp DPM 1747 Shawano Ave. #100 Green Bay, WI 54311	Bay Area Foot Clinic	02/07/00	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Thompson DPM Kenosha Medical Park 3535 30th Ave. #203 Kenosha, WI 53144-1661	Self Employed	02/07/00	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
William Lynde DPM 1703 Langhorne Newton Rd. #1 Langhorne, PA 19047-1008	Newtown Podiatry	02/07/00	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Stavosky DPM 1800 Sullivan Ave. #106 Daly City, CA 94015	Self Employed	02/07/00	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
David Arkin DPM 455 Maple St. #2 Big Flats, NY 14814	Self Employed	02/06/00	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
David Freedman DPM 3801 International Dr. #204 Silver Spring, MD 20906-1550	Self Employed	02/08/00	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
Thomas Ortanzio DPM 3230 Eastern Blvd. York, PA 17402-3030	Associated Foot & Ankle Specialists	02/08/00	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	

1,750.00

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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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
Steven Grunfeld DPM 2012 8th Ct. S. Birmingham, AL 35205-2704	Birmingham Podiatry, P.C.	02/08/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > 6 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vito Gardina DPM 4880 Wilkens Ave. Baltimore, MD 21229-4848	Self Employed	02/09/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > 5 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christian Wunderlich DPM 118 E. Jefferson Ave. Kirkwood, MO 63122-4026	Kirkwood Podiatry, Inc.	02/08/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > 5 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Wessels DPM 215 E. 1st St. #212 Dixon, IL 61021	KSB Medical Group	02/08/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > 5 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stuart Steinberg DPM 3322 W. Magnolia Blvd. Burbank, CA 91505-2907	Burbank Foot Care Center	02/09/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > 5 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Hamilton DPM 8141 Rourke St. Myrtle Beach, SC 29572	Coastal Podiatry Assoc.	02/11/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > 5 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane Phalen DPM 1305 Wonderland Dr. #304 San Marcos, TX 78686-7542	San Marcos Foot Clinic	02/11/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > 5 500.00	

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 6 OF 11
FOR LINE NUMBER 11 g.

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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
Jon Hultman DPM 2011 Thayer Ave. Los Angeles, CA 90025-0000	Self Employed	02/14/00	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kelth Turlington DPM 10000 Watson Rd. #2R Crestwood, MO 63128-1854	Self Employed	02/14/00	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
Craig McLaws DPM 1158 N. Main St. Sheridan, WY 82801-3055	McLaws Foot Care	02/14/00	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Kaiser DPM 3255 W. Woodmen Rd. Colorado Springs, CO 80919-4506	Self Employed	02/14/00	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
Joseph Stuto DPM 100 Remsen St. Brooklyn, NY 11201-4256	Self Employed	02/14/00	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
Patricia Moore DPM 52303 Emmons Rd. #30 South Bend, IN 46637-4289	Self Employed	02/14/00	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	
G. 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 79701-8622	Self Employed	02/14/00	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	
			2,050.00

NET TOTAL of Receipts This Page (optional)

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 7 OF 11
FOR LINE NUMBER 11 a l

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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
Barry Wesselowski DPM 209 N. 6th St. P.O. Box 372 Independence, KS 67301	Self Employed	02/14/00	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Arbes DPM 1779 Main St. Green Bay, WI 54302-3260	Self Employed	02/14/00	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
Joseph D'Amico DPM 333 W. 67th St. New York, NY 10019-3159	Self Employed	02/14/00	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
Lyndon Johansen DPM 10000 S.E. Main #306 Portland, OR 97216-2443	Self Employed	02/14/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > \$	225.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Merlino DPM 2305 Victory Blvd. Staten Island, NY 10314-8823	Victory Podiatry	02/14/00	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
R. Eckerlein DPM 4850 N. 9th Ave. Pensacola, FL 32503-2447	Self Employed	02/14/00	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
Seth Rubenstein DPM 2579 John Milton Dr. #120 Herndon, VA 20171-2500	Fox Mill Podiatry Center	02/14/00	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	

SUBTOTAL of Receipts This Page (optional)

1,650.00

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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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
W. Fleming DPM 3300 S.W. 33rd Ocala, FL 34474 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	02/15/00	250.00
Brian Cornell DPM 55 Memorial Blvd. Newport, RI 02840-3679 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00	02/15/00	500.00
Kathryn Riffe DPM 162 Davy Crockett Mall Trenton, TN 38382-2934 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00	02/16/00	300.00
Eric Nelson DPM 13847 E. 14th St. #210 San Leandro, CA 94578-2624 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	02/16/00	250.00
Dimitrios Mantzoros DPM 615 Longmire Conroe, TX 77304-1818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Conroe Foot Specialists Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	02/17/00	250.00
John Ruff DPM 614 N. Spring St. Peoria, IL 61603-4133 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	02/18/00	250.00
Thomas Vail DPM 1726 Western Ave. #C Findlay, OH 45840 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation Podiatrist Aggregate Year-to-Date > \$ 350.00	02/18/00	350.00
SUBTOTAL of Receipts This Page (optional)			2,150.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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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
James Flynn DPM 5100 N. Brookline #375 Oklahoma City, OK 73112-3609	Self Employed	02/23/00	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Yee DPM 50 S. Beretania St. #C111 Honolulu, HI 96813-2222	HI Foot Clinic	02/23/00	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Brant DPM 110 Westwood Pl. #100 Brantwood, TN 37027	MICA	02/23/00	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Fausett DPM 3777 S. Pecos-McLeod #103 Las Vegas, NV 88121	Eastern Podiatry	02/23/00	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
Joan Meyer DPM 1147 E. Grand Ave. Escondido, CA 92025-3219	Self Employed	02/23/00	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	
F. 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 02540-2946	Falmouth Podiatry	02/23/00	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kath Kellish DPM 2500 Quincy Ave. Fort Pierce, FL 34947	Self Employed	02/23/00	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	

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 a

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NAME OF COMMITTEE (In Full)

APNA 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
Carol Akerman DPM 603 Hwy. 321 N. #301 Lenoir City, TN 37771-8575	Lenoir City Foot Clinic	02/23/00	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Billy Westbrock DPM 2828 N. 4th St. Longview, TX 76605-5718	Self Employed	02/23/00	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Alper DPM 1 Oak Ave. Belmont, MA 02478-2751	Self Employed	02/23/00	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Kiefer DPM 1901 N. 8th Ave. Pensacola, FL 32503-4535	Gulf Coast Podiatry	02/24/00	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
Norman Kornblatt DPM 3666 Hwy. 5 #101 Douglasville, GA 30135-2364	Ankle & Foot Specialists-Douglas County	02/24/00	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
Bruce Safarin DPM 1655 S. Byrne Rd. #100 Toledo, OH 43614	Complete Foot Care Center	02/24/00	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
Thomas Domanick DPM 1708 Boston Ave. Bridgeport, CT 06610-2607	Self Employed	02/24/00	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	

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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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
Timothy Brown DPM 1051 Harding Memorial Pkwy. #B Marion, OH 43302-6485	Ankle & Foot Specialists of Marion, Inc.	02/25/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 1,000.00	
James Christina DPM 5640 Nicholson Ln. #10 Rockville, MD 20852-2952	White Flint Podiatry Center	02/28/00	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	
Gregory Bryan DPM 2508 Berl Kouns #204 Shreveport, LA 71118-8109	American Foot Health Specialist	02/29/00	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	
Lynn LeBlanc DPM 47 Jolley Dr. Bloomfield, CT 06002-3092	Self Employed	02/28/00	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	
Lloyd Smith DPM 10 Langley Rd. #261 Newton Center, MA 02469-1972	Self Employed	02/29/00	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	
James Bruyn DPM 450 N. 11th St. Beaumont, TX 77702-1804	Beaumont Foot Specialists	02/29/00	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	
Dennis DiMatteo DPM 224 Taunton Ave. East Providence, RI 02914-3731	Self Employed	02/28/00	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	

SUBTOTAL of Receipts This Page (optional)	2,750.00
TOTAL This Period (last page this line number only)	22,200.00

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006	Brokerage Firm	02/29/00	1,254.05
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation		

SUBTOTAL of Receipts This Page (optional)

1,254.05

TOTAL This Period (fill page this line number only)

1,254.05

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
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)	02/23/00	188.94
B. 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
C. 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
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) 188.94

TOTAL This Period (last page this line number only) 188.94

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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
Lampson for Congress P.O. Box 21578 Beaumont, TX 77720	Nick Lampson, U.S. HOUSE 9th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/04/00	500.00
R. Gary Miller for Congress P.O. Box 4682 Diamond Bar, CA 91765	Gary G. Miller, U.S. HOUSE 41st CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/04/00	500.00
Charles A. Gonzalez Congressional Campaign CHOB, 1st & Independence Ave., SE Room 327 Washington, DC 20515	Charles A. Gonzalez, U.S. HOUSE 20th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/04/00	500.00
Davis for Congress 5630 W. Division St. Chicago, IL 60651	Danny K. Davis, U.S. HOUSE 7th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/04/00	500.00
Friends of Clay Shaw 2500 N.E. 14th Street Cswy Pompano Beach, FL 33062	E. Clay Shaw, U.S. HOUSE 22nd FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/04/00	1,000.00
CHIZens for Harkin P.O. Box 811 Des Moines, IA 50304	Tom Harkin, U.S. SENATE IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	1,000.00
Committee for the Preservation of Capitalism P.O. Box 22614 Alexandria, VA 22304	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	1,000.00
Senator Gene Green Congressional Campaign P.O. Box 16128 Houston, TX 77222	Gene Green, U.S. HOUSE 29th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	1,500.00
Congressman Waxman Campaign Committee 8665 Wilshire Blvd. #220 Beverly Hills, CA 90211	Henry A. Waxman, U.S. HOUSE 29th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	5,000.00

SUBTOTAL of Disbursements This Page (optional)

11,500.00

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

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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
Mike Billrakis for Congress P.O. Box 1077 Tarpon Springs, FL 34688	Michael Billrakis, U.S. HOUSE 9th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	1,000.00
Pete Stark Re-Election Committee P.O. Box 121 Hayward, CA 94543	Pete Stark, U.S. HOUSE 13th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	1,000.00
Diana DeGatte for Congress P.O. Box 61337 Denver, CO 80208	Diana DeGatte, U.S. HOUSE 1st CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	500.00
Earl Pomeroy For Congress P.O. Box 746 Bismarck, ND 58502	Earl Pomeroy, U.S. HOUSE AL ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	500.00
J.D. Hayworth for Congress P.O. Box 9207 Mesa, AZ 85214	J.D. Hayworth, U.S. HOUSE 6th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	1,000.00
Bart Stupak for Congress P.O. Box 143 Menominee, MI 49858	Bart Stupak, U.S. HOUSE 1st MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	500.00
Julian C Dixon - Democrat For Congress 2208 West Blvd Los Angeles, CA 90016	Julian C. Dixon, U.S. HOUSE 32nd CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	1,000.00
Martin Frost Campaign Committee P.O. Box 4219 Dallas, TX 75209	Martin Frost, U.S. HOUSE 24th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	500.00
Citizens for Dave Obey Committee P.O. Box 1322 Wausau, WI 54402	David R. Obey, U.S. HOUSE 7th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	500.00

SUBTOTAL of Disbursements This Page (optional)

6,600.00

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

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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. Luther, U.S. HOUSE 6th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	500.00
B. Full Name, Mailing Address and ZIP Code Scotty Baesler for Congress Suite A100 2365 Harrodsburg Rd. Lexington, KY 40504	Scotty Baesler, U.S. HOUSE 6th KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	500.00
C. Full Name, Mailing Address and ZIP Code Frist 2000 Suite 306 4205 Hillsboro Rd. Nashville, TN 37215	Bill Frist, U.S. SENATE TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	1,500.00
D. Full Name, Mailing Address and ZIP Code Frist 2000 Suite 306 4205 Hillsboro Rd. Nashville, TN 37215	Bill Frist, U.S. SENATE TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/14/00	1,000.00
E. Full Name, Mailing Address and ZIP Code Knollenberg for Congress Committee Suite 314-B 24901 Northwestern Southfield, MI 48075	Joe Knollenberg, U.S. HOUSE 11th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/23/00	500.00
F. Full Name, Mailing Address and ZIP Code Boswell for Congress 1401 N. Jefferson Indianola, IA 51025	Leonard L. Boswell, U.S. HOUSE 3rd IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/23/00	500.00
G. 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/23/00	1,000.00
H. Full Name, Mailing Address and ZIP Code Friends of Maurice Hinchey 24 Manor Lane Saugerties, NY 12477	Maurice D. Hinchey, U.S. HOUSE 26th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/23/00	500.00
I. Full Name, Mailing Address and ZIP Code Ke Skelton For Congress Committee P.O. Box A Harrisonville, MO 64701	Ke Skelton, U.S. HOUSE 4th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/23/00	500.00

SUBTOTAL of Disbursements This Page (optional)

6,500.00

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

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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
Friends of Jim Maloney 301 Main Street, Ste 300 Denbury, CT 06810	Jim Maloney, U.S. HOUSE 5th CT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 Convention	02/23/00	500.00
Anna Eshoo for Congress 555 Capitol Mall Ste 1425 Sacramento, CA 95814	Anna G. Eshoo, U.S. HOUSE 14th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/23/00	500.00
Adam Smith for Congress Committee P.O. Box 5142 Redondo, WA 98054-0142	Adam Smith, U.S. HOUSE 9th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/23/00	1,000.00
Committee For Loretta Sanchez 1209 N SPURGEON STREET SANTA ANA, CA 92701	Loretta Sanchez, U.S. HOUSE 46th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/23/00	500.00
Friends of Kent Conrad SH-530 Washington, DC 20510	Kent Conrad, U.S. SENATE ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/23/00	1,000.00
Eliot Kucinich to Congress Committee 10874 Lorain Avenue Cleveland, OH 44111	Dennis J. Kucinich, U.S. HOUSE 10th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/23/00	1,000.00
Hatch Election Committee SR-131 Washington, DC 20510	Orrin G. Hatch, U.S. SENATE UT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/23/00	1,000.00
Adam H. Putnam for Congress Committee PO Box 2428 Bartow, FL 33831	Adam H. Putnam, U.S. HOUSE 12th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/23/00	1,000.00
Terry Lierman for Congress 6301 Mountain Branch Court Bethesda, MD 20817	Terry Lierman, U.S. HOUSE 8th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/23/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

7,500.00

TOTAL This Period (last page this line number only)

32,000.00

