

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

1999 NOV 22 10 15 AM

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 20814-1598

2. FEC IDENTIFICATION NUMBER
C00008639

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:

- 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 <u>10/01/99</u> through <u>10/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 235,183.15
(b) Cash on Hand at Beginning of Reporting Period	\$ 288,251.09	
(c) Total Receipts (from Line 19)	\$ 13,005.08	\$ 224,411.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 301,256.17	\$ 458,594.63
7. Total Disbursements (from Line 30)	\$ 24,018.00	\$ 182,356.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 277,238.17	\$ 277,238.17
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 899 E Street, NW Washington, DC 20463 Tel: Free 800-424-9530 Local 202-219-3420
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: 11/16/99

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 1/1/91)

NAME OF COMMITTEE APMA Podlairy Political Action Committee		REPORT COVERING PERIOD FROM 10/01/89 TO: 10/31/89	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	3,849.00	85,706.00	11(a)(i)
ii. Unitemized	7,838.70	126,969.70	11(a)(ii)
iii. Total (add i and ii) >	11,687.70	211,665.70	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 (add a ii, b and c) >	11,687.70	211,665.70	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	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,317.38	12,745.78	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) >	13,005.08	224,411.48	19
20. Total Federal Receipts (subtract line 18 from line 19) >	13,005.08	224,411.48	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	3,018.00	3,356.46	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	3,018.00	3,356.46	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	500.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	21,000.00	178,500.00	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. 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 (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	24,018.00	182,356.46	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	24,018.00	182,356.46	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	11,687.70	211,665.70	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,687.70	211,665.70	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	3,018.00	3,356.46	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	3,018.00	3,356.46	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 g 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

A. Full Name, Mailing Address and ZIP Code Allen Weinstein DPM 927 S. Florida Ave. Lakeland, FL 33803-1149 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Foot Care Center of Lakeland	Date (month, day, year) 10/04/99	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Brooke Crowley DPM P.O. Box 1254 Center Moriches, NY 11934-7254 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 10/05/99	Amount of Each Receipt this Period 99.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 349.00		
C. Full Name, Mailing Address and ZIP Code Paula Raugellis DPM 1875 E. High St. Waynesburg, PA 15370-9567 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 10/06/99	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code C. Michael Irvin DPM 1875 E. High St. Waynesburg, PA 15370-9567 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 10/06/99	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code Marc Bernbach DPM 171 Grandview Ave. #104 Waterbury, CT 06708 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Waterbury Podiatry Consultants	Date (month, day, year) 10/12/99	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Fred Anderson DPM 8110 Mango Ave. #102 Fontana, CA 92335-3603 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 10/12/99	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Richard Bowling DPM 3133 Sabe Ln. Port Neches, TX 77661 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 10/12/99	Amount of Each Receipt this Period 600.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

1,949.00

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 2
FOR LINE NUMBER 11a

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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
Anthony Tocco DPM 318 N. Halifax Ave. Daytona Beach, FL 32118-4010	Self-Employed	10/12/99	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 Tucker DPM 307 S. Main St. Raidsville, NC 27320-3815	Self-Employed	10/15/99	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	
Michael Ward DPM 2140 John F. Kennedy Rd. #B Dubuque, IA 52002-3807	Dubuque Podiatry	10/18/98	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	
Fred Marino DPM 1034 N. Highland Ave. #B Murfreesboro, TN 37130-2443	Self-Employed	10/21/99	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	
Larry Greiner DPM 3713 S. High St. Columbus, OH 43207	Self-Employed	10/21/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
Craig McLaws DPM 1156 N. Main St. Sheridan, WY 82801-3055	McLaws Foot Care	10/28/99	150.00
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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 1,900.00

TOTAL This Period (last page this line number only) 3,845.00

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 Poetry Political Action Committee

A. Full Name, Mailing Address and ZIP Code Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Brokerage Firm Occupation Aggregate Year-to-Date \$ 12,745.78	Date (month, day, year) 10/31/99	Amount of Each Receipt this Period 1,317.38
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

1,317.38

TOTAL This Period (last page this line number only)

1,317.38

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER
21B

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NAME OF COMMITTEE (in Full)

APMA Postleury Political Action Committee

A. 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
Internal Revenue Service Philadelphia, PA		10/07/99	3,018.00
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)

3,018.00

TOTAL This Period (last page this line number only)

3,018.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

APMA Poetry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeffords for Vermont SH-726 Washington, DC 20510	James M. Jeffords, U.S. SENATE VT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/04/99	1,000.00
Frist 2000 Suite 306 4206 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	10/04/99	1,000.00
Bob Filner for Congress P.O. Box 127866 San Diego, CA 92112	Bob Filner, U.S. HOUSE 50th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/04/99	500.00
D. Full Name, Mailing Address and ZIP Code Committee To Re-Elect Ed Towns 360 Clinton Ave., Apt. 6R Brooklyn, NY 11236	Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/04/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Sheila Jackson Lee for Congress 1823 Banks Street Houston, TX 77098	Sheila Jackson Lee, U.S. HOUSE 18th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/04/99	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	10/04/99	500.00
G. Full Name, Mailing Address and ZIP Code Cubin for Congress P.O. Box 4657 Casper, WY 82504	Barbara Cubin, U.S. HOUSE AL WY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/04/99	500.00
H. Full Name, Mailing Address and ZIP Code Dave Camp for Congress 2000 5915 Eastman Ave. Suite 100 Midland, MI 48640	Dave Camp, U.S. HOUSE 4th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/04/99	500.00
I. Full Name, Mailing Address and ZIP Code Friends of Sherrod Brown 111 Edgeland Dr. Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/08/99	1,000.00

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

PAGE 2 OF 4
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
Roth Senate Committee Hart Bldg. 2nd & C St. NE Washington, DC 20510	William V. Roth, U.S. SENATE DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/11/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Kent Conrad SH-530 Washington, DC 20510	Purpose of Disbursement Kent Conrad, U.S. SENATE ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/11/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Ken Bentsen for Congress Committee #301 5615 Morningside Houston, TX 77005	Purpose of Disbursement Ken Bentsen, U.S. HOUSE 26th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/11/99	500.00
D. Full Name, Mailing Address and ZIP Code Friends of Dave Weldon 1602 Willar Road, NW Palm Bay, FL 32907	Purpose of Disbursement Dave Weldon, U.S. HOUSE 15th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/11/99	500.00
E. Full Name, Mailing Address and ZIP Code Phelps for Congress 209 North Vine Harrisburg, IL 62946	Purpose of Disbursement David D. Phelps, U.S. HOUSE 19th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/11/99	500.00
F. Full Name, Mailing Address and ZIP Code Bill Nelson for US Senate PO Box 10662 Tallahassee, FL 32302	Purpose of Disbursement Bill Nelson, U.S. SENATE FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/11/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Inlee for Congress 218 Main Street Suite 196 Kirkland, WA 98033	Purpose of Disbursement Jay Inlee, U.S. HOUSE 1st WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	500.00
H. Full Name, Mailing Address and ZIP Code Mike Thompson for Congress P.O. Box 1898 St. Helena, CA 94574	Purpose of Disbursement Mike Thompson, U.S. HOUSE 1st CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	600.00
I. Full Name, Mailing Address and ZIP Code Lazio For Congress 70 Bayway Avenue Brightwaters, NY 11718	Purpose of Disbursement 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	10/18/99	500.00

SUBTOTAL of Disbursements This Page (optional)

5,000.00

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

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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
John Ensign for Congress 8917 Stafford Springs Dr. Las Vegas, NV 89134	John Ensign, U.S. HOUSE 1st NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/16/99	1,500.00
B. Full Name, Mailing Address and ZIP Code Peterson for Congress Route 3 Box 47H Detroit Lakes, MN 56502	Purpose of Disbursement Collin C. Peterson, U.S. HOUSE 7th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	500.00
C. Full Name, Mailing Address and ZIP Code Friends of Farr Committee Suite 350 399 Capitol Mall Sacramento, CA 95814	Purpose of Disbursement Sam Farr, U.S. HOUSE 17th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	500.00
D. Full Name, Mailing Address and ZIP Code People for Genska 5807 Grand Ave. Des Moines, IA 50312	Purpose of Disbursement Greg Genska, U.S. HOUSE 4th IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Allen for Congress 85 Preble St. PO Box 17766 Portland, ME 04112	Purpose of Disbursement Thomas H. Allen, U.S. HOUSE 1st ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	500.00
F. Full Name, Mailing Address and ZIP Code Jim Turner for Congress P.O. Box 780 Crockett, TX 75865	Purpose of Disbursement Jim Turner, U.S. HOUSE 2nd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	500.00
G. Full Name, Mailing Address and ZIP Code Loy Sneary for Congress PO Box 187 Bay City, TX 77404	Purpose of Disbursement Loy Sneary, U.S. HOUSE 14th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	500.00
H. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 301 Main Street, Ste 300 Danbury, CT 06810	Purpose of Disbursement Jim Maloney, U.S. HOUSE 5th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/22/99	500.00
I. Full Name, Mailing Address and ZIP Code Jim Davis for Congress 3716 W Swann Avenue Tampa, FL 33609	Purpose of Disbursement Jim Davis, U.S. HOUSE 11th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/22/99	500.00

SUBTOTAL of Disbursements This Page (optional)

6,000.00

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 4 OF 4
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
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	10/22/99	500.00
Scotty Baesler for Congress Suite A100 2366 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	10/22/99	1,000.00
Friends of Connie Morella 7315 Wisconsin Ave. 450W Bethesda, MD 20814	Constance A. Morella, U.S. HOUSE 8th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/22/99	500.00
LoBlondo For Congress 1764 Wynnewood Drive Vineland, NJ 08360	Frank A. LoBlondo, U.S. HOUSE 2nd NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/22/99	600.00
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)

2,600.00

TOTAL This Period (last page this line number only)

21,000.00

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 11-18-99
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<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
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<input type="checkbox"/> Electronic Filing	
<i>SL</i>	11-22-99
PREPARER	DATE PREPARED