FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Gerald D. Peterson DPM, Treasurer
American Podiatric Medical Association Inc.
Podiatry Political Action Committee
9312 Old Georgetown Road
Bethesda, MD 20814

MAY 9 2001

Identification Number: C00008839

Reference: Year End Report (11/28/00-12/31/00)

Dear Mr. Peterson:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B supporting Line 23 of your report discloses a contribution(s) to a candidate(s) for the 2000 General election; however, the funds were disbursed after the election date(s) (pertinent portion(s) attached). Please note that contributions may not be designated for an election which has already occurred unless the funds are to be used to reduce a candidate committee's debts incurred during that election campaign.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an impermissible contribution for an election which has already occurred, you should notify the recipient and request a refund and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund or redesignation request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo

entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding this impermissible activity, your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

Scott Walker
Reports Analyst
Report Analysis Division

21036783749

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

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)

APMA Podiatry Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Bill Nelson for US Senate PO Box 10962 Tallahassee, FL 32302	Bill Nelson, U.S. SENATE FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	12/05/00 General -	1,000.00 11/7/00
B. Full Name, Mailing Address and ZIP Code Kerns for Congress Committee POST OFFICE BOX 57 PRAIRIETON, IN 47870	Purpose of Disbursement Brian Kerns, U.S. HOUSE 7th IN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 12/06/00 General -	Amount of Each Disbursement This Period 500.00 11/7/00
C. Full Name, Mailing Address and ZIP Code Carper For Senate 2000 600 West Matson Run Parkway Wilmington, DE 19802	Purpose of Disbursement Thomas Carper, U.S. SENATE DE Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 12/05/00 General -	Amount of Each Disbursement This Period 2,500.00 11/7/00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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) 4,000.00

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