

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
APMA Poultry Political Action Committee

ADDRESS (number and street)  Check if different than previously reported  
9812 Old Georgetown Road

CITY, STATE and ZIP CODE  
Bethesda, MD 20814-1698

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2. IDENTIFICATION NUMBER  
C0006626

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 type="checkbox"/> March 20            | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input checked="" 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	03/01/99 through 03/31/99		
6. (a) Cash on Hand January 1, 19 99			\$ 235,183.15
(b) Cash on Hand at Beginning of Reporting Period		\$ 285,248.78	
(c) Total Receipts (from Line 18)		\$ 22,768.38	\$ 56,114.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 289,016.14	\$ 321,297.81
7. Total Disbursements (from Line 30)		\$ 31,521.61	\$ 63,803.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 257,494.53	\$ 257,494.53
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 688 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-8420
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 4/16/99

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 8/93)

**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 03/01/90	TO 02/28/91	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	5,500.00	68,256.00	11(a)(i)
ii. Unitemized	14,641.00	43,190.00	11(a)(ii)
iii. Total (add i and ii) >	21,541.00	82,455.00	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 iii, b and c) >	21,541.00	82,455.00	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.)	1,226.35	3,658.65	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) >	22,766.35	86,114.65	19
20. Total Federal Receipts (subtract line 16 from line 19) >	22,766.35	86,114.65	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)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	21.61	303.28	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	21.61	303.28	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	31,500.00	63,500.00	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. Individuals/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	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	31,521.61	63,803.28	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	31,521.61	63,803.28	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	21,541.00	82,455.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from line 32)	21,541.00	82,455.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	21.61	303.28	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from line 35) >	21.61	303.28	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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
Michael Perlatain DPM 1235 48th St. Brooklyn, NY 11218-2027  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Boro Park Emergency Foot Care  Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	03/01/99	250.00
Stanley Gorgol DPM 198 Main St. Salem, NH 03079-3113  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	03/01/99	250.00
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):	Self Employed  Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	03/01/99	250.00
John Forrette DPM 1100 E. 21st St. Sioux Falls, SD 57105  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Central Plains Clinic  Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	03/01/99	250.00
Michael Burns DPM 2001 S. Shields St. #F Fort Collins, CO 80526-1827  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Foot Care Center  Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00	03/01/99	500.00
Mark Smith DPM 136 Jackson St. #4 Oshkosh, WI 54901-4714  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	03/02/99	250.00
Robert Purdy DPM 206 21st Street, NW Canton, OH 44709-3810  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	03/05/99	250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2,000.00

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

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Thomas Redmond DPM</b> 333 Turwill Ln. Kalamazoo, MI 49006-4231 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Kalamazoo Podiatry, P.C.</b> Occupation: <b>Podiatrist</b> Aggregate Year-to-Date > \$ 250.00	03/08/99	250.00
<b>James Liale DPM</b> 939 Oak St. S.E. #112 Salem, OR 97301-8908 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Cascadia Foot Center</b> Occupation: <b>Podiatrist</b> Aggregate Year-to-Date > \$ 250.00	03/08/99	250.00
<b>David Roberson Jr. DPM</b> 840 Oak Grove Rd. Birmingham, AL 35208-6508 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Self Employed</b> Occupation: <b>Podiatrist</b> Aggregate Year-to-Date > \$ 250.00	03/09/99	250.00
<b>Joseph D'Amico DPM</b> 333 W. 57th St. New York, NY 10019-3159 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Self Employed</b> Occupation: <b>Podiatrist</b> Aggregate Year-to-Date > \$ 300.00	03/15/99	300.00
<b>Edward Smith DPM</b> 148 Park St. Springfield, VT 05156-3034 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Self Employed</b> Occupation: <b>Podiatrist</b> Aggregate Year-to-Date > \$ 250.00	03/15/99	250.00
<b>Bruce Saterin DPM</b> 708 Madison Ave. #215 Toledo, OH 43624-1624 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Complete Foot Care Center</b> Occupation: <b>Podiatrist</b> Aggregate Year-to-Date > \$ 250.00	03/15/99	250.00
<b>Harold Sauder DPM</b> 209 N. 6th St. P.O. Box 372 Independence, KS 67301-0372 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Self Employed</b> Occupation: <b>Podiatrist</b> Aggregate Year-to-Date > \$ 500.00	03/16/99	500.00

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

2,060.00

**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 3 OF 5  
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
Patricia Moore DPM 52303 Emmons Rd. #30 South Bend, IN 46637-4288 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	03/17/99	500.00
Scott Schroeder DPM 618 N. Chelan Wenatchee, WA 98801-2025 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Foot Health Services, P.S. Occupation: Podiatrist Aggregate Year-to-Date > \$ 250.00	03/17/99	250.00
Mary Bolton DPM 4010 Dupont Cir. #565 Louisville, KY 40207-4965 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	03/17/99	500.00
Bernard Viera DPM 608 St. Landry Lafayette, LA 70505-4828 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Podiatrist Aggregate Year-to-Date > \$ 600.00	03/17/99	600.00
Christian Robertozzi DPM 179 High St. Newton, NJ 07860-1087 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	03/17/99	500.00
Michael Joyce DPM 519 S. Van Buren Rd. #D Eden, NC 27288-5015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Podiatrist Aggregate Year-to-Date > \$ 600.00	03/17/99	600.00
R. Davis DPM 2409 Main St. Bridgeport, CT 06606-5324 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	03/17/99	250.00

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

3,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF 5  
FOR LINE NUMBER 11 a 1

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**NAME OF COMMITTEE (In Full)**

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francisco Tello DPM 225 N. 7th St. Blairtnck, ND 58501	Self Employed	03/17/99	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. Steven Davis DPM P.O. Box 22429 Knoxville, TN 37933-0429	The Foot Group	03/17/99	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terence Albright DPM President Wm. Scholl Coll. of Pod. Med. Chicago, IL 60610-2890	Self Employed	03/17/99	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann Pinski DPM 911D Leegate Rd. #3 Louisville, KY 40222-5053	Podiatric Physicians of Kentucky	03/22/99	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kavin Schroeder DPM 1450 Marisa Rd. #C Beavercreek, OH 45434-6585	SELF-EMPLOYED	03/22/99	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold Sterling Jr. DPM 1600 W. Saginaw St. Lansing, MI 48915-1353	Self Employed	03/26/99	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leonard Simmons DPM 1228 Country Club Rd. Fairmont, WV 26554-2377	Self Employed	03/30/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 2,000.00

**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

<b>A. Full Name, Mailing Address and ZIP Code</b> Thomas Kemp DPM 1747 Shawano Ave. #100 Green Bay, WI 54311	Name of Employer Bay Area Foot Clinic	Date (month, day, year) 03/30/99	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>B. Full Name, Mailing Address and ZIP Code</b> Thomas Abrahamson DPM 225 Main St. #301 Westport, CT 06880-3216	Name of Employer Self Employed	Date (month, day, year) 03/30/99	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>C. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>SUBTOTAL</b> of Receipts This Page (optional)	560.00
<b>TOTAL</b> This Period (last page this line number only)	8,600.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 7  
FOR LINE NUMBER 17

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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
Brokerage Firm Advent Inc. 22 Waterville Rd. Avon, CT 06001-2006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Brokerage Firm Occupation	03/31/98	1,225.36
Aggregate Year-to-Date > \$ 3,659.66			
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	Aggregate Year-to-Date > \$	
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	Aggregate Year-to-Date > \$	
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	Aggregate Year-to-Date > \$	
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	Aggregate Year-to-Date > \$	
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	Aggregate Year-to-Date > \$	
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)** ..... 1,225.36

**TOTAL This Period (last page this line number only)** ..... 1,225.36



**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 Int. Expenses	Date (month, day, year)	Amount of Each Disbursement This Period
Advest, Inc. 22 Waterville Rd. Avon, CT 06001-2006	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/31/99	21.61
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	21.61
<b>TOTAL</b> This Period (last page this line number only) .....	21.61

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 5  
FOR LINE NUMBER 22

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 Poultry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Upton for All of Us P.O. Box 480 St. Joseph, MI 49085	Fred Upton, U.S. HOUSE 6th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	600.00
B. Full Name, Mailing Address and ZIP Code 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	03/08/99	500.00
C. Full Name, Mailing Address and ZIP Code Levin for Congress 30636 Dequindre Warren, MI 48092	Sander M. Levin, U.S. HOUSE 12th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	500.00
D. Full Name, Mailing Address and ZIP Code SR-131 Washington, DC 20510 Hatch Election Committee	Orrin G. Hatch, U.S. SENATE VT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Texans for Henry Bonilla 15843 Cloud Top San Antonio, TX 78248	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	500.00
F. Full Name, Mailing Address and ZIP Code Jeffords for Vermont SH-728 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	03/08/99	2,500.00
G. Full Name, Mailing Address and ZIP Code 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	03/08/99	2,500.00
H. Full Name, Mailing Address and ZIP Code Norwood for Congress 5648 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	03/08/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Hulshof for Congress P.O. Box 1821 Columbia, MO 65205	Kenny Hulshof, U.S. HOUSE 9th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	600.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9,500.00</b>
<b>TOTAL</b> 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 5  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

APMA Pediatric Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Simpson for Congress 788 Hoff drive Blackfoot, ID 83221	Michael Simpson, U.S. HOUSE 2nd ID Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1000	03/08/99	500.00
Doggatt for U.S. Congress Committee P.O. Box 5943 Austin, TX 78703	Lloyd Doggett, U.S. HOUSE 10th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	500.00
Virgil Goode for Congress 125 Orchard Avenue Rocky Mount, VA 24151	Virgil H. Goode, U.S. HOUSE 5th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	500.00
Friends of Jim Maloney 301 Main Street, Ste 300 Denbury, CT 06810	Jim Maloney, U.S. HOUSE 6th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	500.00
Cubin for Congress P.O. Box 4867 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	03/08/99	500.00
Deal for Congress P.O. Box 902 Gainesville, GA 30603	Nathan Deal, U.S. HOUSE 8th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	500.00
Congressman Bart Gordon Committee P.O. Box 2008 Murfreesboro, TN 37033	Bart Gordon, U.S. HOUSE 6th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	500.00
Beawell for Congress 1401 N. Jefferson Indianola, IA 61025	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	03/08/99	600.00
Watkins for Congress Box WW Stillwater, OK 74076	Was Watkins, U.S. HOUSE 3rd OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	500.00

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

4,500.00

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 3 OF 5  
FOR LINE NUMBER 22

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**NAME OF COMMITTEE (in full)**

APNA 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
Re-Elect Nancy Johnson to Congress P.O. Box 196B New Britain, CT 06050	Nancy L. Johnson, U.S. HOUSE 8th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Thurman for Congress P.O. Box 505B Inverness, FL 34450	Purpose of Disbursement Karen L. Thurman, U.S. HOUSE 5th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	500.00
C. Full Name, Mailing Address and ZIP Code Kilpatrick For United States Congress 7445 La Salle Blvd Detroit, MI 48208	Purpose of Disbursement Carolyn Cheeka Kilpatrick, U.S. HOUSE 15th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	500.00
D. Full Name, Mailing Address and ZIP Code Friends of Maurice Hinchey 24 Manor Lane Saugerties, NY 12477	Purpose of Disbursement Maurice D. Hinchey, U.S. HOUSE 28th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	500.00
E. Full Name, Mailing Address and ZIP Code Hobson For Congress Committee 333 North Limestone St. Springfield, OH 45503	Purpose of Disbursement David L. Hobson, U.S. HOUSE 7th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/99	500.00
F. Full Name, Mailing Address and ZIP Code Friends of Rosa DeLauro 49 Huntington St. New Haven, CT 06511	Purpose of Disbursement Rosa DeLauro, U.S. HOUSE 3rd CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/12/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Ika Skelton For Congress Committee P.O. Box A Harrisonville, MO 64701	Purpose of Disbursement Ika Skelton, U.S. HOUSE 4th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/12/99	500.00
H. Full Name, Mailing Address and ZIP Code Friends of Jim McDermott 710 9th St. SE Washington, DC 20003	Purpose of Disbursement Jim McDermott, U.S. HOUSE 7th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/12/99	500.00
I. Full Name, Mailing Address and ZIP Code Friends of Patrick Kennedy P.O. Box 1356 Providence, RI 02901	Purpose of Disbursement Patrick J. Kennedy, U.S. HOUSE 1st RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/12/99	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

PAGE 4 OF 5  
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
Pickering For Congress Po Box 6440 Laurel, MS 39441	Charles W. "Chip" Pickering, U.S. HOUSE 3rd MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/12/99	500.00
B. Full Name, Mailing Address and ZIP Code CHOB, 1st & Independence Ave., SE Room 327 Washington, DC 20515 Charles A. Gonzalez Congressional Campaign	Purpose of Disbursement Charlie A. Gonzalez, U.S. HOUSE 20th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/15/99	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Frist 2000 Suite 306 4205 Hillsboro Rd. Nashville, TN 37215	Purpose of Disbursement Bill Frist, U.S. SENATE TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/31/99	Amount of Each Disbursement This Period 2,500.00
D. Full Name, Mailing Address and ZIP Code Re-Elect Congressman Joe Moakley 99 Summer Street, Suite 1250 Boston, MA 02110	Purpose of Disbursement Joe Moakley, U.S. HOUSE 9th MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/31/99	Amount of Each Disbursement This Period 600.00
E. Full Name, Mailing Address and ZIP Code CHOB 1st & Independence Ave. SE Washington, DC 20515, Ed Bryant for Congress Committee	Purpose of Disbursement Ed Bryant, U.S. HOUSE 7th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/31/99	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Hoosiers for Tim Roemer P.O. Box 4400 South Bend, IN 46834	Purpose of Disbursement Tim Roemer, U.S. HOUSE 3rd IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/31/99	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code People For English 530 W 5th St Erie, PA 16507	Purpose of Disbursement Phil English, U.S. HOUSE 21st PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/21/99	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Purpose of Disbursement Bill Thomas, U.S. HOUSE 21st CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/31/99	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code Hoyer for Congress 7905 Malcolm Rd. Ste. 102 Clinton, MD 20735	Purpose of Disbursement Steny H. Hoyer, U.S. HOUSE 5th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/31/99	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional)

7,500.00

TOTAL This Period (last page this line number only)

**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
<b>Barnett For Congress</b> 2711 N Avondale Blvd Milwaukee, WI 53210	<b>Thomas M. Barnett, U.S. HOUSE 5th WI</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/99	500.00
<b>Citizens for Dave Obey Committee</b> P.O. Box 1322 Wausau, WI 54402	<b>David R. Obey, U.S. HOUSE 7th WI</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/99	1,000.00
<b>Becerra for Congress</b> LHOB 1119 Washington, DC 20516	<b>Xavier Becerra, U.S. HOUSE 30th CA</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/99	1,500.00
<b>Bob Filner for Congress</b> P.O. Box 127858 San Diego, CA 92112	<b>Bob Filner, U.S. HOUSE 50th CA</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/99	500.00
<b>People for Ganske</b> 5907 Grand Ave. Des Moines, IA 50312	<b>Greg Ganske, U.S. HOUSE 4th IA</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/99	1,000.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4,500.00
<b>TOTAL</b> This Period (last page this line number only) .....	31,500.00

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 4-16-99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMD</i> PREPARER	4-20-99 DATE PREPARED