

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2008 JAN 24 P 2:17

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) APMA Podiatry Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported	
9312 Old Georgetown Road	
CITY, STATE and ZIP CODE	
Beltsda, MD 20814-1698	
2. FEC IDENTIFICATION NUMBER C00008830	
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 160) <input checked="" type="checkbox"/> <input type="checkbox"/>	

## 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	01/01/99 through 01/31/99		
6. (a) Cash on Hand January 1, 19 99			\$ 235,183.15
(b) Cash on Hand at Beginning of Reporting Period		\$ 235,183.15	
(c) Total Receipts (from Line 1B)		\$ 17,831.19	\$ 17,831.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 253,014.34	\$ 253,014.34
7. Total Disbursements (from Line 30)		\$ 6,599.82	\$ 6,599.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 246,414.52	\$ 246,414.52
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 999 E Street, NW Washington, DC 20463 Toll 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: 1-19-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X  
(revised 9/95)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
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 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
Robb for Senate SR-154 Washington, DC 20510	Charles S. Robb, U.S. SENATE VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/07/99	1,000.00
B. Full Name, Mailing Address and ZIP Code SNOWE FOR SENATE SR-250 WASHINGTON, DC 20510	Olympia J. Snowe, U.S. SENATE ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/07/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Citizens for Ron Klink #214 141 Hanfer Street Pittsburgh, PA	Ron Klink, U.S. HOUSE 4th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/07/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Hoefel for Congress 700 East Johnson Highway Norristown, PA 19401	Joseph M Hoefel, U.S. HOUSE 13th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 Debt Retirement	01/07/99	500.00
E. Full Name, Mailing Address and ZIP Code Simpson for Congress 786 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) 1998 Debt Retirement	01/07/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Spence for Congress Committee P.O. Box 1475 Columbia, SC 29202	Floyd D. Spence, U.S. HOUSE 2nd SC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 Debt Retirement	01/07/99	500.00
G. Full Name, Mailing Address and ZIP Code R. Gary Miller for Congress P.O. Box 4682 Diamond Bar, CA 91785	Gary G. Miller, U.S. HOUSE 41st CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 Debt Retirement	01/07/99	500.00
H. Full Name, Mailing Address and ZIP Code Ike Skelton For Congress Committee P.O. Box A Harrisonville, MO 64701	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/12/99	-500.00
I. Full Name, Mailing Address and ZIP Code Re-Elect Congressman Joe Moakley 99 Summer Street, Suite 1250 Boston, MA 02110	Joe Moakley, U.S. HOUSE 9th MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/29/99	500.00

SUBTOTAL of Disbursements This Page (optional)

5,500.00

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 2  
FOR LINE NUMBER

23

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**NAME OF COMMITTEE (In Full)**

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year)	Amount of Each Disbursement This Period
Luther for Congress Volunteer Committee 4009 Tenth Avenue North Anoka, MN 55303	William P. Bill Luther, U.S. HOUSE 6th MN	01/29/98	500.00
B. Full Name, Mailing Address and ZIP Code Lampson for Congress P.O. Box 21578 Beaumont, TX 77720	Nick Lampson, U.S. HOUSE 9th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 Debt Retirement	01/28/98	500.00
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) .....

1,000.00

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

6,500.00

707

**AMERICAN PODIATRIC  
MEDICAL ASSOCIATION**

PPAC - GENERAL ACCOUNT  
9312 OLD GEORGETOWN ROAD  
BETHESDA, MD 20814  
A MULTICANDIDATE COMMITTEE - FEC C008839

DATE 1/7/97

69-288/113

PAY  
TO THE  
ORDER OF

*Gary Miller for Congress*  
*Five Hundred <sup>00</sup>/<sub>100</sub>*

\$ 500.00

DOLLARS

When Inking Check, Use This Company Stamp, Minimum \$50.00

**Advest**

ABCDEFGHIK LMNPQRSTU VWXYZ

FOR *Debt Retirement 98' General*

*Chris D. Kelly*  
*Gerald R. [Signature]*

⑆01⑆302836⑆0907 6821804831⑆668

A Multicandidate Committee - FEC C00008839

**AMERICAN PODIATRIC  
MEDICAL ASSOCIATION**

PPAC - GENERAL ACCOUNT  
9312 OLD GEORGETOWN ROAD  
BETHESDA, MD 20814

A MULTICANDIDATE COMMITTEE - FEC C0008839

704

DATE

1/7/99

83-283/113

PAY  
TO THE  
ORDER OF

*Spence for Congress*  
*Five Hundred 00/100*

\$ 500.00

DOLLARS

Bank of America National Association, Member FDIC

**Advest**

ABCDEFGHIK LMNPRSTU VWXYZ

FOR

*Debt Retirement 98 General*

*Chas S. Spence*  
*Spence*

⑆011302836⑆0704 4821804831⑆668

A Multicandidate Committee - FEC C00008839

**AMERICAN PODIATRIC  
MEDICAL ASSOCIATION**

PPAC - GENERAL ACCOUNT  
9312 OLD GEORGETOWN ROAD  
BETHESDA, MD 20814

A MULTICANDIDATE COMMITTEE - FEC C0008839

705

DATE

1/7/99

83-283/113

PAY  
TO THE  
ORDER OF

*Spence for Congress*  
*One Thousand 00/100*

\$ 1,000.00

DOLLARS

Bank of America National Association, Member FDIC

**Advest**

ABCDEFGHIK LMNPRSTU VWXYZ

FOR

*Debt Retirement 98 General*

*Chas S. Spence*  
*Spence*

⑆011302836⑆0705 4821804831⑆668

A Multicandidate Committee - FEC C00008839

**AMERICAN PODIATRIC  
MEDICAL ASSOCIATION**

PPAC - GENERAL ACCOUNT  
9312 OLD GEORGETOWN ROAD  
BETHESDA, MD 20814

A MULTICANDIDATE COMMITTEE - FEC C0008839

706

DATE

1/7/99

83-283/113

PAY  
TO THE  
ORDER OF

*Spence for Congress*  
*Five Hundred 00/100*

\$ 500.00

DOLLARS

Bank of America National Association, Member FDIC

**Advest**

ABCDEFGHIK LMNPRSTU VWXYZ

FOR

*Debt Retirement 98 General*

*Chas S. Spence*  
*Spence*

⑆011302836⑆0706 4821804831⑆668

AMERICAN PODIATRIC  
MEDICAL ASSOCIATION

PPAC - GENERAL ACCOUNT  
8312 OLD GEORGETOWN ROAD  
BETHESDA, MD 20814  
A MULTICANDIDATE COMMITTEE - FEC C008836

710

PAY  
TO THE  
ORDER OF

*Support for Congress Denton Committee*  
*Five Hundred <sup>00</sup>/<sub>100</sub>*

DATE *1/29/99*

\$ 500.00

DOLLARS

See Your Bank or Your Company's Copy, Instructions 0171

Advest

ABCDEFGHIK LMNPQRSTU VWXYZ

FOR

*January 2000*

*Chas D. Balfanz 001*  
*Gerald P. [Signature]*

⑆01⑆302836⑆0710 4821804831⑆668

AMERICAN PODIATRIC  
MEDICAL ASSOCIATION

PPAC - GENERAL ACCOUNT  
8312 OLD GEORGETOWN ROAD  
BETHESDA, MD 20814  
A MULTICANDIDATE COMMITTEE - FEC C008836

708

PAY  
TO THE  
ORDER OF

*Support for Congress 98*  
*Five Hundred <sup>00</sup>/<sub>100</sub>*

DATE *1/29/99*

\$ 500.00

DOLLARS

See Your Bank or Your Company's Copy, Instructions 0171

Advest

ABCDEFGHIK LMNPQRSTU VWXYZ

FOR

*Patt Retirement*


*Chas D. Balfanz 001*  
*Gerald P. [Signature]*

⑆01⑆302836⑆0708 4821804831⑆668

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 1/19/00
<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	
 PREPARER	1/24/00 DATE PREPARED