

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		2. FEC IDENTIFICATION NUMBER C0008830
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9312 Old Georgetown Road		
CITY, STATE and ZIP CODE Bethesda, MD 20814-1698		
3. <input checked="" type="checkbox"/> 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>06/01/99</u> through <u>05/31/99</u>		
6. (a) Cash on Hand January 1, 19__99			\$ 235,183.15
(b) Cash on Hand at Beginning of Reporting Period		\$ 273,704.05	
(c) Total Receipts (from Line 19)		\$ 20,316.69	\$ 138,640.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 294,020.73	\$ 373,823.91
7. Total Disbursements (from Line 30)		\$ 18,535.18	\$ 98,338.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 275,485.45	\$ 275,485.45
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 800-424-9630 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	Date 1-19-00
Signature of Treasurer <i>John R. Carson</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2 FOR LINE NUMBER 29

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)

APREA 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 Danbury, CT 06810	Jim Maloney, U.S. HOUSE 5th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/05/99	500.00
B. Full Name, Mailing Address and ZIP Code Rob Andrews for Congress Committee 20 Brace Road Suite 200 Cherry Hill, NJ 08034	Robert E. Andrews, U.S. HOUSE 1st NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/05/99	500.00
C. Full Name, Mailing Address and ZIP Code Committee To Re-Elect Ed Towns 360 Clinton Ave., Apt. 6R Brooklyn, NY 11238	Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/05/99	500.00
D. Full Name, Mailing Address and ZIP Code Julia Carson for Congress Committee 151 N. Delaware Street 740 Market Square Center Indianapolis, IN 46204	Julia Carson, U.S. HOUSE 10th IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/05/99	500.00
E. Full Name, Mailing Address and ZIP Code Insee for Congress 218 Main Street Suite 198 Kirkland, WA 98033	Robert Insee, U.S. HOUSE 1st WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 Debt Retirement	05/06/99	500.00
F. Full Name, Mailing Address and ZIP Code Friends of Jim McDermott 710 9th St. SE Washington, DC 20003	Jim McDermott, U.S. HOUSE 7th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/05/99	500.00
G. Full Name, Mailing Address and ZIP Code The Weygand Committee P.O. Box 28045 Providence, RI 02908	Bob Weygand, U.S. HOUSE 2nd RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/05/99	1,000.00
H. Full Name, Mailing Address and ZIP Code 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	05/05/99	1,500.00
I. Full Name, Mailing Address and ZIP Code John Lewis for Congress 1520 Pinehurst Drive, SW Atlanta, GA 30311	John Lewis, U.S. HOUSE 5th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/13/99	500.00

SUBTOTAL of Disbursements This Page (optional)


6,000.00

TOTAL This Period (last page this line number only)

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