

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full) American Veterinary Medical Association Political Action Committee	RECEIVED FEDERAL ELECTION COMMISSION NOV 25 12 47 PM '98
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1101 Vermont Avenue, NW Suite 710	
CITY, STATE and ZIP CODE Washington, DC 20005-3521	
2. FEC IDENTIFICATION NUMBER C-00114132	
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM IM)	

4. TYPE OF REPORT

Monthly Report Due On:

- | | | | | | | | | | | | | | |
|---|--|--------------------------------------|----------------------------------|-------------------------------------|-----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|---------------------------------|--|-------------------------------------|
| a) <input type="checkbox"/> April 15 Quarterly Report
<input type="checkbox"/> July 15 Quarterly Report
<input type="checkbox"/> October 15 Quarterly Report
<input type="checkbox"/> January 31 Year End Report
<input type="checkbox"/> July 31 Mid Year Report (Non-election Year Only)

<input type="checkbox"/> Termination Report | <table style="width:100%;"> <tr> <td><input type="checkbox"/> February 20</td> <td><input type="checkbox"/> June 20</td> <td><input type="checkbox"/> October 20</td> </tr> <tr> <td><input type="checkbox"/> March 20</td> <td><input type="checkbox"/> July 20</td> <td><input type="checkbox"/> November 20</td> </tr> <tr> <td><input type="checkbox"/> April 20</td> <td><input type="checkbox"/> August 20</td> <td><input type="checkbox"/> December 20</td> </tr> <tr> <td><input type="checkbox"/> May 20</td> <td><input checked="" type="checkbox"/> September 20</td> <td><input type="checkbox"/> January 31</td> </tr> </table> <p><input type="checkbox"/> Twelfth day report preceding _____
 <small>(Type of Election)</small>
 election on _____ in the State of _____</p> <p><input type="checkbox"/> Thirtieth day report following the General Election on _____
 in the State of _____</p> | <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 type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 | <input type="checkbox"/> May 20 | <input checked="" type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
| <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 type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 | | | | | | | | | | | |
| <input type="checkbox"/> May 20 | <input checked="" type="checkbox"/> September 20 | <input type="checkbox"/> January 31 | | | | | | | | | | | |
- b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>8/1/98</u> through <u>8/31/98</u>		
6. (a) Cash on Hand January 1, 1998		\$ 123,913.12
(b) Cash on Hand at Beginning of Reporting Period	\$ 153,623.06	
(c) Total Receipts (from Line 19)	\$ 17,436.52	\$ 165,462.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 171,059.58	\$ 289,376.09
7. Total Disbursements (from Line 30)	\$ 24,500.00	\$ 142,816.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 146,559.58	\$ 146,559.58
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
 Jack O. Walther

Signature of Treasurer

Date 11/24/98

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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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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>11-25-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<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>SEP</i> PREPARER	<i>11-25-98</i> DATE PREPARED