

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

MAR 19 2 47 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
APMA Podiatry Political Action Committee

ADDRESS (number and street) Check if different than previously reported
9312 Old Georgetown Road

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

2. FEC IDENTIFICATION NUMBER
C00006230

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:

- 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
6. Covering Period	02/01/98 through 02/28/98		
6. (a)	Cash on Hand January 1, 19__ 98		\$ 187,843.14
6. (b)	Cash on Hand at Beginning of Reporting Period	\$ 216,048.13	
6. (c)	Total Receipts (from Line 19)	\$ 28,764.42	\$ 67,359.41
6. (d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 244,812.55	\$ 255,202.55
7.	Total Disbursements (from Line 30)	\$ 19,500.00	\$ 30,000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 225,312.55	\$ 225,202.55
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information contact:
Federal Election Commission
888 E Street, NW
Washington, DC 20483
Toll Free 800-424-9630
Local 202-219-3420

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
3-19-98

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

FEC FORM 3X
(revised 9/93)

**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	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	18,076.00	34,100.00	11(a)(i)
ii. Unitemized	14,987.50	31,144.50	11(a)(ii)
Total (add i and ii) >	37,462.50	65,244.50	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, b, and c) >	37,462.50	65,244.50	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.)	1,291.92	2,114.91	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) >	38,754.42	67,359.41	19
20. Total Federal Receipts (subtract line 18 from line 19) >	38,754.42	67,359.41	20
II. Disbursements			
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	0.00	0.00	21(b)
c. Total Operating Expenditures (add a, i, ii, and b) >	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	19,500.00	30,000.00	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. Individual/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) >	19,500.00	30,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	19,500.00	30,000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	37,462.50	65,244.50	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	37,462.50	65,244.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 35 from 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 11 a

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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
Kevin G. McDonald DPM P.O. Box 886 Statesboro, GA 30469-0886	Family Foot Care	02/02/98	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
David Gleitzman DPM 2000 Hampton Ctr. #B Morgantown, WV 26505-2897	Self employed	02/02/98	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
Alan S. Blener DPM 606 Rt. 208 Monroe, NY 10950-1807	Self employed	02/02/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lloyd S. Smith DPM 10 Langley Rd. #301 Newton Center, MA 02158-1972	Self employed	02/02/98	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
Beth S. Pearce DPM 204 Southpark Cir. E. St. Augustine, FL 32086-6136	Self employed	02/02/98	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
Paul Kaiser DPM 3255 W. Woodmen Rd. Colorado Springs, CO 80319-4508	Self-Employed	02/02/98	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		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David James Meland DPM 1118 N. Fourth St. Coeur D'Alene, ID 83814-3217	Self employed	02/02/98	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) 1,800.00

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 2 OF 7
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
Donald B. Provenzano DPM 525 S. Third St. Gadsden, AL 35901-5301 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	02/03/98	250.00
David R. Kirlin DPM 1585-K E. Garrison Blvd. Gastonia, NC 28054-5155 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Gaston Foot Clinic, P.A. Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	02/03/98	250.00
Joseph W. Genuato DPM 1575 Hillside Ave. New Hyde Park, NY 11040-2501 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Island Podiatry Associates, P.C. Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	02/03/98	250.00
Thomas J. Ortanizio DPM 2230 Eastern Blvd. Edgewood York, PA 17402-3030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Associated Foot & Ankle Specialists Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	02/03/98	250.00
Richard Pat Mistretta DPM 3400 McClure Bridge Rd. Bldg. F #B Duluth, GA 30136 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Affiliated Foot & Ankle, P.C. Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00	02/05/98	300.00
Norman Kornblatt DPM 3656 Hwy. S, #101 Douglasville, GA 30135-2364 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ankle & Foot Specialists-Douglas County Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	02/06/98	250.00
Ronald G. Cervetti DPM 4025 University Ave. Waterloo, IA 50701-5839 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cedar Valley Podiatry Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	02/08/98	250.00

SUBTOTAL of Receipts This Page (optional)	1,800.00
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 5 OF 7
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
Brian G. Holcomb DPM 238 Atlanta Rd. Cumming, GA 30130-2510	Cumming Foot & Leg Clinic	02/08/98	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
Thomas Abrahamson DPM 226 Main St. #301 Westport, CT 06880-3216	Self employed	02/09/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francisco A. Tello DPM 107 W. Main Ave. #260 Blairwood, MD 28501-3252	Dakota Foot & Ankle Clinic	02/12/98	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
Patrick DeHaer DPM 1325 N. National Rd. Columbus, IN 47201	Self employed	02/12/98	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 350.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Matthew G. Garoufalis DPM 5301 S. Cicero Ave. Chicago, IL 60632-4916	Professional Foot Care Specialists	02/12/98	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
Leonard Simmons DPM 1228 Country Club Rd. Fairmont, WV 26554-2377	Self employed	02/12/98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory T. Amarantos DPM 1008 Church St. Glenview, IL 60025-2927	Self employed	02/12/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 325.00	

SUBTOTAL of Receipts This Page (optional) 1,675.00

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 4 OF 7
FOR LINE NUMBER

11a

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NAME OF COMMITTEE (In Full)

APWA Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code S. F. Charley Hartley DPM 112 W. Pasadena Blvd. Deer Park, TX 77528-4870</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 02/13/98</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Wesley L. Daniel DPM Gainesville Podiatry Clinic 416 Broad St. S.E. Gainesville, GA 30501</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Gainesville Podiatry Clinic</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 02/17/98</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code James E. Stocker DPM 5620 W. Thunderbird Rd. AG-2 Glendale, AZ 85306-4652</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 02/17/98</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Timothy J. Brown DPM 1051 Harding Memorial Pkwy. #B Marion, OH 43302-7166</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ankle & Foot Specialists of Marion, Inc.</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 02/17/98</p>	<p>Amount of Each Receipt This Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Allen Lazzaron DPM 1234 Powers Ferry Rd. #103 Marietta, GA 30067-6486</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Family Podiatry Center</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 02/18/98</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Dean Dorfman DPM 320 E. Hillsboro Blvd. Deerfield Beach, FL 33441-3540</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Deerfield Family Footcare</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 02/23/98</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Burton Bornstein DPM 3008 Aloma Ave. Winter Park, FL 32782-3701</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 02/23/98</p>	<p>Amount of Each Receipt This Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) 2,500.00

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SCHEDULE A

ITEMIZED RECEIPTS

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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
Christian A. Robertozzi DPM 179 High St. Newton, NJ 07860-1097	Self employed	02/23/98	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christian J. Wunderlich DPM 118 E. Jefferson Ave. Kirkwood, MO 63122-4026	Kirkwood Podiatry, Inc.	02/23/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul R. Glaser DPM 3208 Glencliff Dr. Wilmington, NC 28403-0906	Self employed	02/23/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel M. Hagan DPM 3701 Henderson Dr. Jacksonville, NC 28546-5237	Self employed	02/23/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Spencer C. Misner DPM 1432 Broadrick Dr. Dalton, GA 30720-3009	Self employed	02/24/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Harvey Dworkin DPM 1550 S. Potomac St. #320 Aurora, CO 80012-5433	Colorado Podiatry Group	02/24/98	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
Graig C. Maguire DPM 1523 S. Orange Ave. Orlando, FL 32806-2116	Orlando Foot & Ankle Clinic	02/24/98	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	

SUBTOTAL of Receipts This Page (optional) 2,700.00

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 1 OF 1
FOR LINE NUMBER 11

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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
Marc B. Klein DPM The Garden Shops 7050 W. Palmetto Park Rd. #18 Boca Raton, FL 33433	Self employed	02/24/98	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
Steven M. Spinner DPM 301 N.W. 84th Ave. Plantation, FL 33324	Self employed	02/24/98	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
Edward R. Nieuwenhuis DPM 360 Franklin Ave. Wyckoff, NJ 07481-1984	Self employed	02/24/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > \$	300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry G. Wolff DPM 777 Blackwood Clementon Rd. Lindenwold, NJ 08021-5856	Self employed	02/25/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > \$	500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kath Kallah DPM 4909 S. U.S. 1 Fort Pierce, FL 34982	Self employed	02/25/98	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
Edward Patrick Smith, Jr. DPM 148 Park St. Springfield, VT 05156-3034	Self employed	02/26/98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David M. Schofield DPM 410 E. Church St. Elmira, NY 14901	Twin Tier Area Plus	02/27/98	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) 1,850.00

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

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NAME OF COMMITTEE (in Full)

APMA Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Jerpaul D. Ferritto, Jr. DPM 3878 Broadway Grove City, OH 43128-2208</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 02/27/88</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Carol A. Akerman DPM 603 Highway 321 N. #8 Lenoir City, TN 37771-8676</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Lenoir City Foot Clinic</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 02/27/88</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>750.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>13,075.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code Brokerage Firm Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Brokerage Firm Occupation Aggregate Year-to-Date > \$ 2,114.81	Date (month, day, year) 02/28/96	Amount of Each Receipt this Period 1,291.92
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 1,291.92

TOTAL This Period (last page this line number only) 1,291.92

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
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
Carol Moseley Braun for U.S. Senate 819 E. Wabash Ave, Ste 505 Chicago, IL 60605	Carol Moseley-Braun, U.S. SENATE IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/12/98	1,000.00
Hulahof for Congress P.O. Box 1521 Columbia, MO 65206	Kenny Hulahof, U.S. HOUSE 9th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/13/98	500.00
Bob Filner for Congress P.O. Box 127888 San Diego, CA 92112	Bob Filner, U.S. HOUSE 50th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/13/98	500.00
Friends of Connie Morella 7315 Wisconsin Ave. 450W Bethesda, MD 20814	Constance A. Morella, U.S. HOUSE 8th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/13/98	500.00
Brian Beard for Congress P.O. Box 1098 Olympia, WA 98507	Brian Beard, U.S. HOUSE WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	1,000.00
Jim McCrery for Congress 1900 CNB Tower 33 Texas Street Shreveport, LA 71101	Jim McCrery, U.S. HOUSE 5th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	1,000.00
John D. Dingell for Congress Committee 607 Fourteenth St, NW Washington, DC 20005	John D. Dingell, U.S. HOUSE 16th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	1,000.00
Ike Skelton For Congress Committee P.O. Box A Harrisonville, MO 64701	Ike Skelton, U.S. HOUSE 4th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	500.00
Lloyd Doggett for U.S. Congress Committee P.O. Box 5843 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) 1998	02/20/98	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 4
FOR LINE NUMBER 31

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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
Christopher Cox Congressional Committee P.O. Box 8088-C Newport Beach, CA 92656	C. Christopher Cox, U.S. HOUSE 47th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	500.00
B. Full Name, Mailing Address and ZIP Code Stanhelm for Congress P.O. Box 1032 Stamford, TX 78553	Purpose of Disbursement Charles W. Stanholm, U.S. HOUSE 17th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	500.00
C. Full Name, Mailing Address and ZIP Code J.D. Hayworth for Congress P.O. Box 9207 Mesa, AZ 85214	Purpose of Disbursement J.D. Hayworth, U.S. HOUSE 6th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Roy Blunt P.O. Box 278 Stratford, MO 65757	Purpose of Disbursement Roy Blunt, U.S. HOUSE 7th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	1,000.00
E. Full Name, Mailing Address and ZIP Code Texans for Henry Bonilla 15443 Cloud Top San Antonio, TX 78248	Purpose of Disbursement Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	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) 1998	02/20/98	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Chris Dodd 11 Prospect Street Middletown, CT 06457	Purpose of Disbursement Christopher J. Dodd, U.S. SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	1,000.00
H. Full Name, Mailing Address and ZIP Code Crapo for U.S. Senate	Purpose of Disbursement Michael D. Crapo, U.S. SENATE ID Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	1,000.00
I. Full Name, Mailing Address and ZIP Code Watts For Congress P.O. Box 720381 Norman, OK 73072	Purpose of Disbursement J.C. Watts, U.S. HOUSE 4th OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00

SUBTOTAL of Disbursements This Page (optional)

7,000.00

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 4
FOR LINE NUMBER 33

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NAME OF COMMITTEE (in Full)

APMA Policy Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Spence for Congress Committee P.O. Box 1476 Columbia, SC 29202	Floyd D. Spence, U.S. HOUSE 2nd SC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
B. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT LINDSEY GRAHAM PO BOX 1155 SENECA, SC 29679	Purpose of Disbursement Lindsey Graham, U.S. HOUSE 3rd SC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
C. Full Name, Mailing Address and ZIP Code Friends of Congressman Tim Holden 302 Mahantongo Street Pottsville, PA 17801	Purpose of Disbursement Tim Holden, U.S. HOUSE 6th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
D. Full Name, Mailing Address and ZIP Code Pete Stark Re-Election Committee P.O. Box 121 Hayward, CA 94543	Purpose of Disbursement Pete Stark, U.S. HOUSE 13th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
E. Full Name, Mailing Address and ZIP Code Castle Campaign Fund P.O. Box 133 Wilmington, DE 19899	Purpose of Disbursement Michael N. Castle, U.S. HOUSE AL DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
F. Full Name, Mailing Address and ZIP Code Re-Elect Brian Bilbray for Congress #270 12780 High Bluff Dr. San Diego, CA 92130	Purpose of Disbursement Brian P. Bilbray, U.S. HOUSE 48th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
G. Full Name, Mailing Address and ZIP Code Alaskans for Don Young P.O. Box 100298 Anchorage, AK 99510	Purpose of Disbursement Don Young, U.S. HOUSE AL AK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
H. Full Name, Mailing Address and ZIP Code Pallone for Congress 540 Broadway Long Branch, NJ 07410	Purpose of Disbursement Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	1,000.00
I. Full Name, Mailing Address and ZIP Code Friends of Jennifer B. Dunn P.O. Box 40110 Bellevue, WA 98004	Purpose of Disbursement Jennifer Dunn, U.S. HOUSE 8th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00

SUBTOTAL of Disbursements This Page (optional)

5,000.00

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 1 OF 4
FOR LINE NUMBER

29

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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
Louise Slaughter Re-Election Committee 10th Floor One Exchange St. Rochester, NY 14614	Louise M. Slaughter, U.S. HOUSE 26th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
Becerra for Congress LHOB 1118 Washington, DC 20515	Xavier Becerra, U.S. HOUSE 30th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	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)

19,500.00

