

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

MAY 20 12 20 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  
C00008338

3.  This committee has qualified as a multi-candidate 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	04/01/98 through 04/30/98		
6. (a) Cash on Hand January 1, 19 98			\$ 167,943.14
(b) Cash on Hand at Beginning of Reporting Period		\$ 234,346.86	
(c) Total Receipts (from Line 19)		\$ 24,025.61	\$ 129,929.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 258,372.67	\$ 317,872.67
7. Total Disbursements (from Line 30)		\$ 28,050.00	\$ 82,550.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 235,322.67	\$ 235,322.67
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			
Signature of Treasurer <i>John R. Carson</i>		Date 5/11/98	

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 04/01/88	TO 04/30/88		
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees				
i. Itemized (use Schedule A)	7,006.00	56,288.00	11(a)(i)	
ii. Unitemized	18,047.00	67,627.00	11(a)(ii)	
iii. Total (add i and ii) >	25,053.00	123,915.00	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 ii, b and c) >	25,053.00	123,915.00	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.)	543.81	9,802.53	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) >	25,596.81	133,717.53	19	
20. Total Federal Receipts (subtract line 18 from line 19) >	25,596.81	133,717.53	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	0.00	0.00	21(b)	
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)	
22. Transfers to Affiliated/Other Party Committees	550.00	550.00	22	
23. Contributions to Federal Candidates/Committees and Other Political Committees	22,500.00	22,000.00	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) >	23,050.00	22,550.00	30	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	23,050.00	22,550.00	31	
<b>III. Net Contributions/Operating Expenditures</b>				
32. Total Contributions (other than loans)(from line 11d)	25,053.00	123,915.00	32	
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33	
34. Net Contributions (other than loans)(subtract line 33 from 32)	25,053.00	123,915.00	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 1  
FOR LINE NUMBER 11 a

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> David F. Baskwill DPM 25 Monument Rd. #130 York, PA 17403-5049</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Greater York Podiatry Associates</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 04/02/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> John Stevenson DPM 6900 N. Main St. Dayton, OH 45415</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 &gt; \$ 300.00</p>	<p>Date (month, day, year) 04/03/98</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Mark S. Smith DPM 136 Jackson St. #4 Oshkosh, WI 54901-4714</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 &gt; \$ 250.00</p>	<p>Date (month, day, year) 04/08/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Gregory J. Mowen DPM Margate Foot Care Ctr. 18A S. Douglas Ave. Margate City, NJ 08402</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Margate Foot Care Center</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date &gt; \$ 400.00</p>	<p>Date (month, day, year) 04/06/98</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> G. Michael Johnson Jr. DPM P.O. Box 8407 Mobile, AL 36689-0407</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 Podiatrist</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 04/06/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Joseph W. Cavuto DPM 1575 Hillside Ave. New Hyde Park, NY 11040-2501</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Island Podiatry Associates, P.C.</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date &gt; \$ 345.00</p>	<p>Date (month, day, year) 04/07/98</p>	<p>Amount of Each Receipt this Period 345.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Fred Marino DPM 1034 N. Highland Ave. #B Memphis, TN 37130-2443</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 &gt; \$ 250.00</p>	<p>Date (month, day, year) 04/10/98</p>	<p>Amount of Each Receipt this Period 250.00</p>

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

2,045.00

**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 4  
FOR LINE NUMBER

11a

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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
Kathryn Riffe DPM 152 Davy Crockett Mall Tranton, TN 38382-2934	Self Employed	04/13/98	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harold J. Sauder DPM 208 N. Sixth St. P.O. Box 372 Independence, KS 67301-0372	Self Employed	04/14/98	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Neal Kramer DPM 2597 Schoenersville Rd. #101 Bethlehem, PA 18017-7329	Self Employed	04/16/98	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
William S. Lynde DPM 1703 Langhorne Newton Rd. #1 Langhorne, PA 19047-1008	Newtown Podiatry, Inc.	04/17/98	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
Allan G. Gold DPM Geyer Springs Foot Clinic 6215 Geyer Springs Rd. Little Rock, AR 72219-1858	Arkansas Foot Clinic	04/20/98	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
Richard K. Santee DPM 2050 Pflingston Rd. Glenview, IL 60026-1324	Glenbrook Podiatry	04/21/98	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
William Joseph Nansen II DPM 2344 S. Third St. Jacksonville Beach, FL 32250	Beaches Foot & Ankle Clinic	04/21/98	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) .....

2,050.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 3 OF 4  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full) APMA Podiatry Political Action Committee				
<b>A. Full Name, Mailing Address and ZIP Code</b> Harold D. Starling, Jr., Jr. DPM 1600 W. Saginaw St. Lansing, MI 48915-1953	Name of Employer Self Employed		Date (month, day, year) 04/22/98	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Neal Kramer DPM 2597 Schoonersville Rd. #101 Bethlehem, PA 18017-7329	Name of Employer Self Employed		Date (month, day, year) 04/23/98	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Carl E. Sharp DPM 37 E. Wilson Bridge Rd. Worthington, OH 43085-2301	Name of Employer Worthington Podiatric Associates		Date (month, day, year) 04/24/98	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Todd Harrison DPM 12821 Oak Hill Ave. Hagerstown, MD 21742-2928	Name of Employer Podiatry Associates of Hagerstown		Date (month, day, year) 04/27/98	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Andrew Wahl DPM 1960 Easington Rd. #103 Joliet, IL 60435-1828	Name of Employer Essington Podiatry Group		Date (month, day, year) 04/27/98	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Donald R. Skvor DPM 320 Estate Rd. #1 Memphis, TN 38119-3608	Name of Employer Self Employed		Date (month, day, year) 04/27/98	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> John H. Nelson DPM 1918 E. First St. Casper, WY 82601-2747	Name of Employer Self Employed		Date (month, day, year) 04/27/98	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
<b>SUBTOTAL of Receipts This Page (optional)</b>				2,250.00
<b>TOTAL This Period (last page this line number only)</b>				

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 4  
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 Steven G. Chadlin DPM 5640 Nicholson Ln. #10 Rockville, MD 20852-2952  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed  Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/30/88	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Michael L. Nichol DPM 702 Russell Ave. #103 Galliersburg, MD 20877-2608  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed  Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/30/88	Amount of Each Receipt this Period 500.00
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) ..... 750.00

**TOTAL** This Period (last page this line number only) ..... 7,095.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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PAGE 17 OF  
FOR LINE NUMBER

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**NAME OF COMMITTEE (In Full)**  
APMA Pedestrian Political Action Committee

A. Full Name, Mailing Address and ZIP Code Brokerage Firm Advest Inc. 22 Waterville Rd. Avon, CT 06001-2008	Name of Employer Brokerage Firm	Date (month, day, year) 04/30/98	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	843.81
		Aggregate Year-to-Date > \$ 9,802.58	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	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	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	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	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	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	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 > \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	843.81
<b>TOTAL</b> This Period (last page this line number only) .....	843.81

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER

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**NAME OF COMMITTEE (In Full)**

APMA Poetry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ohio PAC 5310 McKirrick Blvd. Columbus, OH 43235	Bank Deposit Correction Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/23/98	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ohio PAC 5310 McKirrick Blvd. Columbus, OH 43235	bank deposit correction Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/23/98	300.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ohio PAC 5310 McKirrick Blvd. Columbus, OH 43235	bank deposit correction Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/23/98	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ohio PAC 5310 McKirrick Blvd. Columbus, OH 43235	bank deposit correction Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/23/98	50.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

550.00

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

550.00



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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
Gephardt in Congress Committee 7485 Watson Rd. St. Louis, MO 63119	Richard A. Gephardt, U.S. HOUSE 3rd MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/07/98	500.00
B. Full Name, Mailing Address and ZIP Code People for Patty Murray Box 3862 Seattle, WA 98124	Patty Murray, U.S. SENATE WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/07/98	500.00
C. Full Name, Mailing Address and ZIP Code Nita Lowey For Congress 1185 Avenue of the Americas New York, NY 10036	Nita M. Lowey, U.S. HOUSE 18th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/08/98	500.00
D. Full Name, Mailing Address and ZIP Code Porter for Congress Committee Suite 201 910 Skokie Blvd. Northbrook, IL 60062	John Porter, U.S. HOUSE 10th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/08/98	1,500.00
E. Full Name, Mailing Address and ZIP Code Elect Kucinich to Congress Committee 10874 Lorain Avenue Cleveland, OH 44111	Dennis J. Kucinich, U.S. HOUSE 10th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/08/98	600.00
F. Full Name, Mailing Address and ZIP Code Tom Coburn for Congress Committee 515 W. Okmulgee Muskegee, OK 74401	Tom Coburn, U.S. HOUSE 2nd OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/08/98	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends for Cliff Stearns P.O. Box 308 Silver Springs, FL 32889	Cliff Stearns, U.S. HOUSE 6th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/08/98	500.00
H. Full Name, Mailing Address and ZIP Code Citizens for Ron Klink #214 141 Renfer 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) 1998	04/08/98	500.00
I. 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) 1998	04/08/98	1,000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6,500.00
<b>TOTAL</b> 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
Committee to Elect Gary L. Ackerman P.O. Box 95 Fresh Meadows, NY 11365	Gary L. Ackerman, U.S. HOUSE 5th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/08/98	500.00
LOBONDO FOR CONGRESS 1764 WYNNWOOD DRIVE VINELAND, NJ 08360	Frank A. LoBiondo, U.S. HOUSE 2nd NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/08/98	500.00
Alby For Congress P.O. Box 418456 Sacramento, CA 95841	Barbara Alby, 3rd CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/08/98	1,000.00
Friends to Elect Scott Ferguson 200 South Rhodes 94a B West Memphis, AR 72301	Scott Ferguson, AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/08/98	500.00
Kratzer for Congress 3814 Gosford Gate Greenville, NC 27858	Duane Kratzer, U.S. HOUSE 8th NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/15/98	2,500.00
Congressman Bill Young Campaign Committee P.O. Box 47025 St. Petersburg, FL 33743	C.W. Bill Young, U.S. HOUSE 10th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/17/98	500.00
Maurice D. Hinchey 24 Manor Lane Saugerties, NY 12477	Maurice D. Hinchey, U.S. HOUSE 28th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/17/98	500.00
Vic Snyder for Congress Committee 1020 West 3rd Little Rock, AR 72201	Vic Snyder, U.S. HOUSE 2nd AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/17/98	500.00
Nancy Pelosi for Congress 11th Floor 1 Bush St. San Francisco, CA 94104	Nancy Pelosi, U.S. HOUSE 8th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/17/98	500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7,000.00
<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 3 OF 4  
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	Date (month, day, year)	Amount of Each Disbursement This Period
Ken Stribling for Congress 201 W. Capital St. Jackson, MS 39201	Ken Stribling, U.S. HOUSE 4th MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/17/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Lydia Spottswood for Congress 7921 22nd Avenue Kenosha, WI 53143	Lydia Spottswood, U.S. HOUSE 1st WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/17/98	500.00
C. Full Name, Mailing Address and ZIP Code Kratzer for Congress 3614 Gosford Gate Greenville, NC 27858	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/20/98	-2,500.00
D. Full Name, Mailing Address and ZIP Code Mikulski for Senate Committee P.O. Box 13147 Baltimore, MD 21208	Barbara A. Mikulski, U.S. SENATE MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/23/98	1,000.00
E. Full Name, Mailing Address and ZIP Code Cubin for Congress P.O. Box 4657 Casper, WY 82604	Barbara Cubin, U.S. HOUSE AL WY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/23/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Adam Smith for Congress Committee P.O. Box 5142 Redondo, WA 98054-0142	Adam Smith, U.S. HOUSE 8th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/23/98	500.00
G. Full Name, Mailing Address and ZIP Code Friends of Dave Weldon 1802 Wilbur Road, NW Palm Bay, FL 32907	Dave Weldon, U.S. HOUSE 15th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/23/98	1,000.00
H. Full Name, Mailing Address and ZIP Code Cummings for congress Campaign 2300 N. Calvert St. Baltimore, MD 21218	Elijah E. Cummings, U.S. HOUSE 7th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/23/98	1,000.00
I. Full Name, Mailing Address and ZIP Code Woolsey For Congress P.O. Box 750178 Petaluma, CA 94975	Lynn Woolsey, U.S. HOUSE 6th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/23/98	500.00

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

4,000.00

**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 4 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
Bob Etheridge for Congress Committee Post Office Drawer 1059 Lillington, NC 27540	Purpose of Disbursement Bob Etheridge, U.S. HOUSE 2nd NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/23/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Cooksey for Congress P.O. Box 7600 Monroe, LA 71211	Purpose of Disbursement John Cooksey, U.S. HOUSE 5th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/23/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Don Payne for Congress PO Box 2406 Newark, NJ 07114	Purpose of Disbursement Donald M. Payne, U.S. HOUSE 10th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/23/98	500.00
D. Full Name, Mailing Address and ZIP Code Lauch Faircloth for Senate '98 3800 Barratt Dr., #300 Raleigh, NC 27609	Purpose of Disbursement Lauch Faircloth, U.S. SENATE NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/30/98	2,500.00
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) \_\_\_\_\_

5,000.00

TOTAL This Period (last page this line number only) \_\_\_\_\_

22,500.00

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 5-18-98
<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	5-20-98 DATE PREPARED