

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAR 20 1998

APR 13 12 32 PM '98

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 20814-1898

2. FEC IDENTIFICATION NUMBER
C00008310

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
 This committee has not qualified as a multicandidate committee.

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	03/01/98 through 03/31/98		
6. (a) Cash on Hand January 1, 19 98			\$ 187,943.14
(b) Cash on Hand at Beginning of Reporting Period		\$ 225,302.55	
(c) Total Receipts (from Line 19)		\$ 38,544.31	\$ 105,803.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 263,846.86	\$ 293,646.86
7. Total Disbursements (from Line 30)		\$ 29,500.00	\$ 59,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 234,346.86	\$ 234,346.86
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
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
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

4/10/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

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 03/01/98	TO: 02/21/98	
	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)	17,005.00	51,105.00	11(a)(i)
ii. Unitemized	20,605.50	51,840.00	11(a)(ii)
iii. Total (add i and ii) >	37,700.50	102,945.00	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 iii, b and c) >	37,700.50	102,945.00	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.)	843.81	2,858.72	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) >	38,544.31	105,803.72	19
20. Total Federal Receipts (subtract line 18 from line 19) >	38,544.31	105,803.72	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, a 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	29,500.00	59,500.00	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. Individuals/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) >	29,500.00	59,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	29,500.00	59,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	37,700.50	102,945.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	37,700.50	102,945.00	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 36 from 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 8
FOR LINE NUMBER 11 g

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Kenneth Durham DPM 531 Seventh Ave. Albany, GA 31701-1921	Albany Podiatry Associates	03/02/98	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	
Charles F. Call DPM 1348 E. 17th St. Idaho Falls, ID 83404-6270	Call Foot & Ankle Center	03/03/88	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	
N. Arvid Vasenden DPM 298 Prince Ave. Athens, GA 30601-2445	Athens Podiatry, P.C.	03/04/98	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	
John P. Calcaterra DPM 538 Brookwood Blvd. Birmingham, AL 35209-6801	Self employed	03/06/98	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	
Scott A. Hamilton DPM 8141 Rourk St. Myrtle Beach, SC 29572	Coastal Podiatry Assoc.	03/05/98	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	
Thomas A. Jacobs DPM 700 Gtr. St. #505 Columbus, GA 31901-1545	Self employed	03/06/98	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	
Jack Francis Oklahoma Pod Med Assn PO Box 702225 Tulsa, OK 74170-2225	Oklahoma Podiatric Medical Association	03/08/98	255.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggregate Year-to-Date > \$ 255.00	

SUBTOTAL of Receipts This Page (optional) **1,905.00**

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 8
FOR LINE NUMBER 11 g

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NAME OF COMMITTEE (in Full)

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code James R. Christina 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 White Flint Podiatry Center Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/06/98	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Phillip B. Sextro DPM Grand Island Foot Clinic 659 N. Orleans Dr. Grand Island, NE 68803-3407 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Grand Island Foot Clinic Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/09/98	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Rosa E. Taubman DPM Dept. of Orthopedics 2 Knoll Dr. N. Columbia, MD 21045-2209 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) 03/09/98	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code John V. Simons DPM V.A. Medical Center 4300 W. Seventh St. Little Rock, AR 72205-5411 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer VA Medical Center Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/08/98	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Timothy C. Ford DPM 1112 Dupont Cir. #102 Louisville, KY 40207-4604 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Podiatric Associates Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/09/98	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code David Bernstein DPM 308 N. Wayne Ave. Wayne, PA 19087-3218 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 > \$ 300.00	Date (month, day, year) 03/09/98	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code Bruce J. McLaughlin DPM 1145 Montauk Hwy. West Islip, NY 11795-4909 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) 03/12/98	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) **2,300.00**

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 2
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
Paul Kinberg DPM 1516 Abrams Rd. #220 Dallas, TX 75214-4498 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	03/12/98	250.00
Michael R. Joyce DPM 519 S. Van Buren Rd. Eden, NC 27288-5015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self employed Occupation: Podiatrist Aggregate Year-to-Date > \$ 500.00	03/12/98	500.00
Steven H. Glickman DPM 4770 Rochester Rd. #104 Troy, MI 48068-4951 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self employed Occupation: Podiatrist Aggregate Year-to-Date > \$ 500.00	03/12/98	600.00
W. Steven Davis DPM 10918 Kingston Pike Knoxville, TN 37922 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Foot Group Occupation: Podiatrist Aggregate Year-to-Date > \$ 250.00	03/12/98	250.00
Alan S. Goldenhar DPM P.O. Box 5001 3073 White Mt. Hwy North Conway, NH 03860 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	03/12/98	250.00
William H. Dabdoub DPM 9830 Lake Forest Blvd. #107 New Orleans, LA 70127-2647 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self employed Occupation: Podiatrist Aggregate Year-to-Date > \$ 500.00	03/12/98	500.00
Theresa Conroy DPM 631 E. Gates St. Philadelphia, PA 19128-2510 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Podiatrist Aggregate Year-to-Date > \$ 500.00	03/12/98	500.00

SUBTOTAL of Receipts This Page (optional) **2,750.00**

TOTAL This Period (last page this line number only)

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
<p>Joseph M. Hughes DPM 10981 Cherry St. Los Alamitos, CA 90720-2452</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Los Alamitos Foot Center</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>03/12/98</p>	<p>250.00</p>
<p>Loren Rogers DPM 218 E. Front St., #105 Missoula, MT 59802-4402</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>03/12/98</p>	<p>500.00</p>
<p>Thomas E. Pusterla DPM The Chester Mall Prof. Offices 58 W. Main St. Chester, NJ 07930-2407</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Self employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>03/12/98</p>	<p>250.00</p>
<p>Michael L. Wodka DPM 33 Fulton St #111 Middletown, NY 10940</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Self employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>03/12/98</p>	<p>250.00</p>
<p>Frank A. Spinosa DPM 32545 Main Rd. P.O. Box 1305 Cutchogue, NY 11935</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>North Fork Podiatry Associates</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>03/12/98</p>	<p>600.00</p>
<p>Carol F. LaRose DPM 6160 S. Yale Ave. Tulsa, OK 74136-1900</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Springer Clinic</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>03/12/98</p>	<p>250.00</p>
<p>Patricia A. Moore DPM 52303 Emmons Rd. #30 South Bend, IN 46637-4288</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Self employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>03/12/98</p>	<p>500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>2,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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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
R. Craig Martin DPM 2003 E. Market St. York, PA 17402-2841	Martin Foot & Ankle Center	03/13/98	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		
Garry W. Nelner DPM 3215 Dixie Hwy. Erlanger, KY 41018-1853	Nelner & Tirone, P.S.C.	03/16/98	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		
Charles M. Tirone DPM 3215 Dixie Hwy. Erlanger, KY 41018-1853	Nelner & Tirone, P.S.C.	03/16/98	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		
Thomas E. Freeman, II DPM 3417 W. Bethel Ave. #A Muncie, IN 47304-5473	Preferred Footcare Specialists, P.C.	03/16/98	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		
Kenneth E. Sangplah DPM 2366 Nicholasville Rd. #503 Lexington, KY 40503-3063	Self employed	03/16/98	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		
John Anthony DiMaggio DPM 2800 E. Southern Ave. #13 Tempe, AZ 85282-7608	Tri-City Podiatric Physicians & Surgeons	03/17/98	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		
Richard A. Weinstein DPM 1925 Juan Tabo Blvd. N.E. #D Albuquerque, NM 87112-3359	Juan Tabo Foot Health Center	03/17/98	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		

SUBTOTAL of Receipts This Page (optional)

2,050.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)
 APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code Janet Simon DPM 121 Sycamore N.E. Albuquerque, NM 87106 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed	Date (month, day, year) 03/17/98	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Michael Worpell DPM 900 Sheridan Rd. #101 Bremerton, WA 98310-2701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kitsap Foot & Ankle Clinic	Date (month, day, year) 03/17/98	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Gerald T. Kuwada DPM 275 S.W. 41st St. Renton, WA 98055-4930 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Valley Podiatric Physicians & Surgeons	Date (month, day, year) 03/17/98	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Harold B. Glickman DPM 1145 19th St. N.W. #508 Washington, DC 20036-3701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed	Date (month, day, year) 03/17/98	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code James E. Lisle DPM 939 Oak St. S.E. #112 Salem, OR 97301-3909 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cascade Foot Center	Date (month, day, year) 03/17/98	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code Bonnie Tatar DPM 5750 Center Ave. #480 Center Commons Pittsburgh, PA 15206-3761 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed	Date (month, day, year) 03/19/98	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code David J. Neese DPM 740 E. Main St. Anoka, MN 55303 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Family Foot & Ankle Clinic, P.A.	Date (month, day, year) 03/18/98	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional)	2,200.00
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 7 OF 8
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
Thomas P. Broner DPM 333 Fourth Ave. N. Jacksonville Beach, FL 32250-5621	Self employed	03/23/98	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	
Lisa M. DeTournay DPM 8582 Bird Rd. Miami, FL 33155-3214	Self employed	03/23/98	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	
Eric W. Nelson DPM 1450 Bancroft Ave. San Leandro, CA 94577-5106	Self employed	03/23/98	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	
Kirk W. Davis DPM 601 Wayne Ave. Chambersburg, PA 17201-3605	Self employed	03/24/98	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	
Patrick A. McShane DPM 3259 E. Sunshine #BB Springfield, MO 65804-2143	Self employed	03/24/98	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	
Bernard A. Vierra DPM 608 St. Landry Lafayette, LA 70506-4628	Self employed	03/25/98	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	
Maureen L. Crotty DPM 3627 S. Harvard Tulsa, OK 74135-2227	Green Country Podiatry Center, P.C.	03/25/98	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) **2,300.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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 William P. Crotty DPM 6800 Rogers Ave. Fort Smith, AR 72903-4064	Name of Employer Crotty Foot Clinic, P.A.	Date (month, day, year) 03/27/98	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist	Aggregate Year-to-Date $\$$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self employed	Date (month, day, year) 03/30/98	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Harvey R. Jacobs DPM 25 Clyde Rd. #101 Somerset, NJ 08873-5001	Name of Employer Self employed	Date (month, day, year) 03/30/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date $\$$ 350.00	
C. Full Name, Mailing Address and ZIP Code David P. Feller DPM 2644 Mossie Blvd. Monroeville, PA 15146-3346	Name of Employer Ankle & Foot Center	Date (month, day, year) 03/30/98	Amount of Each Receipt this Period 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
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	Date (month, day, year)	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	Date (month, day, year)	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	Date (month, day, year)	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 $\$$	

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	17,005.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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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
Brokerage Firm Advent Inc. 22 Waterville Rd. Avon, CT 06001-2008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Brokerage Firm Occupation Aggregate Year-to-Date > \$ 2,958.72	03/31/98	843.81
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)	843.81
TOTAL This Period (last page this line number only)	843.81

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
JIM DAVIS FOR CONGRESS 3716 W SWANN AVENUE TAMPA, FL 33609	Jim Davis, U.S. HOUSE 11th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	500.00
Jim Turner for Congress P.O. Box 780 Crockett, TX 75885	Jim Turner, U.S. SENATE TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	500.00
Riley for Congress P.O. Box 700 Ashland, AL 36251	Bob Riley, U.S. HOUSE 3rd AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	500.00
Friends of Jerry Kleczka 3268 South 9th Street Milwaukee, WI 53215	Gerald D. Kleczka, U.S. HOUSE 4th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	500.00
Friends of Roger Wicker P.O. Box 874 Tupelo, MS 38802	Roger Wicker, U.S. HOUSE 1st MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	1,500.00
Ben Cardin for Congress 20 S. Charles St. 10th Floor Baltimore, MD 21201	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	1,000.00
Thurman for Congress P.O. Box 5058 Inverness, FL 34450	Karen L. Thurman, U.S. HOUSE 5th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	500.00
People for Ganske 5907 Grand Ave. Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	500.00
Congressman Bart Gordon Committee P.O. Box 2008 Murfreesboro, TN 37033	Bart Gordon, U.S. HOUSE 5th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	500.00

SUBTOTAL of Disbursements This Page (optional)	6,000.00
TOTAL 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
Re-Elect Nancy Johnson to Congress P.O. Box 1968 New Britain, CT 06050	Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	500.00
B. Full Name, Mailing Address and ZIP Code Norwood for Congress 3643 Walton Way Extension Augusta, GA 30909	Charlie Norwood, U.S. HOUSE 10th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Luther for Congress Volunteer Committee 4009 Tenth Avenue North Anoka, MN 55303	William P. Bill Luther, U.S. HOUSE 6th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	500.00
D. Full Name, Mailing Address and ZIP Code Diana DeGette for Congress P.O. Box 61337 Denver, CO 80206	Diana DeGette, U.S. HOUSE 1st CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	500.00
E. Full Name, Mailing Address and ZIP Code FRIENDS OF MARK FOLEY FOR CONGRESS 3507 VILLAGE BLVD #5-304 WEST PALM BEACH, FL 33409	Mark Foley, U.S. HOUSE 16th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	500.00
F. Full Name, Mailing Address and ZIP Code Martin Frost Campaign Committee P.O. Box 4218 Dallas, TX 75208	Martin Frost, U.S. HOUSE 24th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	1,500.00
G. Full Name, Mailing Address and ZIP Code Hobson For Congress Committee 333 North Limestone St. Springfield, OH 45503	David L. Hobson, U.S. HOUSE 7th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/98	500.00
H. Full Name, Mailing Address and ZIP Code Kratzer for Congress 3614 Gosford Gate Greenville, NC 27858	Duane Kratzer, U.S. HOUSE NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/98	2,500.00
I. Full Name, Mailing Address and ZIP Code Shelby for U.S. Senate P.O. Box 1091 Tuscaloosa, AL 35403	Richard C. Shelby, U.S. SENATE AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/98	1,500.00

SUBTOTAL of Disbursements This Page (optional)	9,000.00
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 5
FOR LINE NUMBER:

23

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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
John McCain for U.S. Senate P.O. Box 32128 Phoenix, AZ 85064	John McCain, U.S. SENATE AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/98	1,000.00
Grassley Committee Inc. 5301 Wisconsin Ave. Washington, DC 20015	Charles E. Grassley, U.S. SENATE IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/98	1,000.00
Victory '98 Fund AL	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/98	1,000.00
Bart Stupak for Congress P.O. Box 143 Menominee, MI 49858	Bart Stupak, U.S. HOUSE 1st MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/98	500.00
Mike Bilirakis for Congress P.O. Box 1077 Tarpon Springs, FL 34688	Michael Bilirakis, U.S. HOUSE 9th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/98	1,000.00
Richard A. Gephardt in Congress Committee 7435 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	03/20/98	1,000.00
Ruben Hinojosa for Congress 311 North 15th Street McAllen, TX 78501	Ruben Hinojosa, U.S. HOUSE 15th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/98	500.00
Sander M. Levin for Congress 30636 Dequindre Warren, MI 48092	Sander M. Levin, U.S. HOUSE 12th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/98	500.00
JAY JOHNSON FOR CONGRESS 2672 SANDRA ROSE LN NEW FRANKEN, WI 54229	Jay W. Johnson, U.S. HOUSE 8th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/98	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 4 OF 5
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
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) 1998	03/20/98	500.00
Karen McCarthy For Congress 1111 Valentine Road Kansas City, MO 64111	Karen McCarthy, U.S. HOUSE 5th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/98	500.00
Watkins for Congress Box WW Stillwater, OK 74076	Was Watkins, U.S. HOUSE 3rd OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/98	500.00
Lazio For Congress 70 Bayway Avenue Brightwaters, NY 11718	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/98	500.00
Virgil Goode for Congress 125 Orchard Avenue Rocky Mount, VA 24151	Virgil H. Goode, U.S. HOUSE 5th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/98	500.00
Hoosiers to Tim Roemer P.O. Box 4400 South Bend, IN 46634	Tim Roemer, U.S. HOUSE 3rd IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/24/98	1,000.00
Wyden for Senate P.O. Box 3498 Portland, OR 97208	Ron Wyden, U.S. SENATE OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/24/98	1,000.00
ELLEN TAUSCHER FOR CONGRESS 5611 HIGHLAND ROAD PLEASANTON, CA 94588	Ellen O. Tauscher, U.S. HOUSE 10th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/24/98	1,000.00
Peterson for Congress Route 3 Box 47H Detroit Lakes, MN 56502	Collin C. Peterson, U.S. HOUSE 7th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/24/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)

6,500.00

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 5 OF 5
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
Mike Thompson for Congress P.O. Box 1998 St. Helena, CA 94574	Mike Thompson, U.S. HOUSE 8th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/25/98	1,000.00
B. 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
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)

29,500.00

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 4/10/98
<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	
 PREPARER	4/13/98 DATE PREPARED