

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 14 11 57 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) APMA Podiatry Political Action Committee		2. FEC IDENTIFICATION NUMBER C00008828
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 5312 Old Georgetown Road		
CITY, STATE and ZIP CODE Bethesda, MD 20814-1698		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/98</u> through <u>07/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 187,943.14
(b) Cash on Hand at Beginning of Reporting Period	\$ 280,845.43	
(c) Total Receipts (from Line 19)	\$ 16,094.26	\$ 200,046.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Line 6(a) and 6(c) for Column B)	\$ 276,939.69	\$ 387,993.69
7. Total Disbursements (from Line 30)	\$ 26,022.89	\$ 137,072.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 250,916.80	\$ 250,916.80
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

John R. Carson

Date

8/11/98

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

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FEC FORM 3X

(revised 8/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
APMA Podiatry Political Action Committee		FROM	TO:	
		07/01/88	07/31/88	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Named (use Schedule A)	7,560.00	85,276.88	11(a)(i)
ii.	Unitemized	7,070.00	107,407.04	11(a)(ii)
iii.	Total (add i and ii) >	15,620.00	192,682.04	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) >	15,620.00	192,682.04	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.)	574.28	5,364.51	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) >	16,094.28	200,046.55	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	16,094.28	200,046.55	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	22.89	22.89	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	22.89	22.89	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	550.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	26,000.00	136,500.00	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(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) >	26,022.89	137,072.89	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	26,022.89	137,072.89	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d)	15,620.00	192,682.04	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans) (subtract line 33 from line 32)	15,620.00	192,682.04	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	22.89	22.89	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from line 35) >	22.89	22.89	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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
Mark O. Ellis DPM 582 22nd St. Astoria, OR 97103	Self Employed	07/01/98	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
Richard L. Kuhn DPM Medical Park #17 Valley, AL 36854	Self Employed	07/03/98	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
Angelo K. Agee DPM 7205 Copperfield Dr. Montgomery, AL 36117-7101	The East Montgomery Foot Clinic	07/03/98	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
Stanley A. Gargol DPM 198 Main St. Salem, NH 03078-3113	Self Employed	07/06/98	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy D. Kemple DPM 49 Birch St. Derry, NH 03038-2716	Self Employed	07/06/98	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert A. Young DPM 1336 N. Galloway Ave. #124 Mesquite, TX 75149-2480	Galloway Foot Center	07/08/98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Parmutler DPM 535 Seybrook Rd. Middletown, CT 06457-4743	Middlesex Podiatry Associates	07/08/98	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	

SUBTOTAL of Receipts This Page (optional) 1,900.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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
Walter D. Clark DPM 2012 Eighth Ct. S. Birmingham, AL 35205-2704	Birmingham Podiatry, P.C.	07/09/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne D. Marchand DPM 48 Auburn St. Auburn, MA 01501-2438	Self Employed	07/09/98	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
Joseph C. D'Amico DPM 333 W. 57th St. New York, NY 10019-3159	Self Employed	07/13/98	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joshua Gerbert DPM CA College of Pod. Med. 1210 Scott St. San Francisco, CA 94115-4009	California College of Podiatric Medicine	07/18/98	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
Daniel T. Lathrop DPM 620 Woodmere Ave. #C Traverse City, MI 49685-9397	Self Employed	07/13/98	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dallas R. Penrod DPM 5605 Riggins Ct. #103 Reno, NV 89502	Self Employed	07/13/98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark L. Appleton DPM 2616 Sherwood Hall Ln. #401 Alexandria, VA 22306-3154	Self Employed	07/14/98	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) 2,600.00

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 3 OF 4
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
Daniel H. Phelps DPM 321 S. Fannin Ave. Tyler, TX 75702-7321	Self Employed	07/14/98	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
Barbara J. Kalsner DPM 717 S. Torrance St. Charlotte, NC 28204-3071	Camel Foot Specialists, P.A.	07/17/98	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard J. Miller DPM 717 S. Torrance St. Charlotte, NC 28204-3071	Camel Foot Specialists, P.A.	07/17/98	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel F. Ryan DPM 2024 S. 6th St. Brainerd, MN 56401-3322	Brainerd Medical Center, P.A.	07/20/98	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lyndon G. Johansen DPM 10000 S.E. Main #306 Portland, OR 97216-2443	Self Employed	07/23/98	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marc D. Klein DPM 191 Broadway Methuen, MA 01844-3537	Self Employed	07/23/98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joan M. Meyer DPM 1147 E. Grand Ave. Escondido, CA 92026-3218	Self Employed	07/24/98	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	

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

PAGE 4 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 Kenneth K. S. Mah DPM 14485 S.W. Allen Blvd. Beaverton, OR 97005-4402	Name of Employer Self Employed Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 07/27/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Brian Orakhood DPM 1450 S.W. Marlow Ave. Portland, OR 97225-5145	Name of Employer Oregon Foot Specialists Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 07/27/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Gerald Stein DPM 1982 Auburn Utica, MI 48317-3800	Name of Employer Self Employed Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 07/27/98	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Rick F. Martin DPM 2003 E. Market St. York, PA 17402-2841	Name of Employer Martin Foot & Ankle Center Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 07/27/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Michael Morrill DPM 2682 Richmond Rd. #100 Lexington, KY 40509-1542	Name of Employer Family Foot Care Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 07/27/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			

SUBTOTAL of Receipts This Page (optional)

1,300.00

TOTAL This Period (last page this line number only)

7,550.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

APRA Policy Political Action Committee

A. Full Name, Mailing Address and ZIP Code Brokerage Firm Advent 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 > \$ 6,364.51	Date (month, day, year) 07/31/98	Amount of Each Receipt this Period 574.26
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)	574.26
TOTAL This Period (last page this line number only)	574.26

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 32

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NAME OF COMMITTEE (in Full)

APBA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bob Graham P.O. Box 391 Tallahassee, FL 32302	Bob Graham, U.S. SENATE FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/10/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Campbell Victory Fund P.O. Box 480166 Denver, CO 80248	Ben Nighthorse Campbell, U.S. SENATE CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/10/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Missourians for Kil Bond 911 Main St. Kansas City, MO 64105	Christopher S. Bond, U.S. SENATE MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/10/98	1,000.00
D. 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	07/10/98	500.00
E. Full Name, Mailing Address and ZIP Code Committee To Re-Elect Ed Towns 380 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	07/10/98	500.00
F. Full Name, Mailing Address and ZIP Code Pete Stark Re-Election Committee P.O. Box 121 Hayward, CA 94543	Pete Stark, U.S. HOUSE 13th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/10/98	1,000.00
G. Full Name, Mailing Address and ZIP Code J.D. Hayworth for Congress P.O. Box 9207 Mesa, AZ 85214	J.D. Hayworth, U.S. HOUSE 8th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/10/98	500.00
H. Full Name, Mailing Address and ZIP Code Friends of Jim McDermott 710 9th St. SE Washington, DC 20003	Jim McDermott, U.S. HOUSE 7th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/10/98	1,000.00
I. Full Name, Mailing Address and ZIP Code Committee to Elect Mike McIntyre to Congress 3780 Berkeley Lane Lumberton, NC 28358	Mike McIntyre, U.S. HOUSE 7th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/10/98	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 20

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NAME OF COMMITTEE (In Full)

APWA 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
Brian Baird for Congress P.O. Box 1098 Olympia, WA 98507	Brian Baird, U.S. HOUSE 3rd WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/10/98	500.00
Marthe Kreutz for Congress Committee LLC 6023 South Bellaire Way Littleton, CO 80121	Marthe Kreutz, U.S. HOUSE 5th CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/10/98	1,000.00
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	07/10/98	500.00
Simpson for Congress 786 Hoff drive Blackfoot, ID 83221	Simpson, U.S. HOUSE 2nd ID Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/10/98	1,000.00
Stephanie Tubbs Jones for US Congress 3729 Sibley Road University Heights, OH 44118	tubbs Jones, U.S. HOUSE 11th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/10/98	1,000.00
Boyd for Congress Committee P.O. Box 15703 Tallahassee, FL 32317-5703	Allen Boyd, U.S. HOUSE 2nd FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/10/98	500.00
Friends for Harry Reid 8H 628 Washington, DC 20510	Harry Reid, U.S. SENATE NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/17/98	2,000.00
Minge For Congress 360 10th Avenue Granite Falls, MN 56241	David Minge, U.S. HOUSE 2nd MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/17/98	600.00
Daniel K. Inouye '98 641 Bishop St. Ste 1601 Honolulu, HI 96813	Daniel K. Inouye, U.S. SENATE HI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/17/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)

8,000.00

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 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
Senator Gene Green Congressional Campaign P.O. Box 16128 Houston, TX 77222	Gene Green, U.S. HOUSE 29th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/17/98	500.00
B. Full Name, Mailing Address and ZIP Code Inlee for Congress 218 Main Street Suite 196 Kirkland, WA 98033	Robert Inlee, U.S. HOUSE 1st WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/17/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Elect Kucinich to Congress Committee 10674 Lorain Avenue Cleveland, OH 44111	Dennis J. Kucinich, U.S. HOUSE 10th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/17/98	500.00
D. Full Name, Mailing Address and ZIP Code Duncan for Congress P.O. Box 2646 Knoxville, TN 37901	John J. "Jimmy" Duncan, U.S. HOUSE 2nd TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/17/98	500.00
E. Full Name, Mailing Address and ZIP Code Tom Coburn for Congress Committee 615 W. Okmulgee Muskogee, 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	07/17/98	500.00
F. Full Name, Mailing Address and ZIP Code Friends of Barbara Boxer P.O. Box 641751 Los Angeles, CA 90064	Barbara Boxer, U.S. SENATE CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/22/98	1,000.00
G. Full Name, Mailing Address and ZIP Code Kerry for U.S. Senate 7802 Pacific Street Lower Level B Omaha, NE 68114	Bob Kerry, U.S. SENATE NE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/22/98	1,000.00
H. Full Name, Mailing Address and ZIP Code John McCain for U.S. Senate P.O. Box 32129 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	07/22/98	1,000.00
I. Full Name, Mailing Address and ZIP Code Friends of Blanche L. Lincoln 622 Pecan Street, #108 Helena, AR 72342	Blanche L. Lincoln, U.S. HOUSE 1st AR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/22/98	1,000.00

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 4
FOR LINE NUMBER 28

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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
Grassley Committee Inc. 5901 Wisconsin Ave. Washington, DC 20016	Charles E. Grassley, U.S. SENATE IA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/28/98	1,000.00
Watkins for Congress Box WW Stillwater, OK 74078	Wes Watkins, U.S. HOUSE 3rd OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/28/98	500.00
ELLEN TAUSCHER FOR CONGRESS 5611 HIGHLAND ROAD PLEASANTON, CA 94588	Ellen O. Tauscher, U.S. HOUSE 10th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/28/98	1,000.00
Wynn for Congress P.O. Box 5323 Capitol Heights, MD 20781	Albert R. Wynn, U.S. HOUSE 4th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/28/98	500.00
Bachrach Committee 39 Merrill Road Watertown, MA 02172	A. Bachrach, U.S. HOUSE 8th MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/30/98	1,000.00
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)

4,000.00

TOTAL This Period (last page this line number only)

28,000.00

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
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<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
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<i>SLH</i> PREPARER	8-14-98 DATE PREPARED