

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION COMMISSION  
CENTRAL MAIL ROOM

JAN 26 2 05 PM '98

1. NAME OF COMMITTEE (in full) <b>APMA Podiatry Political Action Committee</b>		2. FEC IDENTIFICATION NUMBER <b>C00008839</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>9312 Old Georgetown Road</b>		
CITY, STATE and ZIP CODE <b>Bethesda, MD 20814-1698</b>		
		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 100)

## 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>12/01/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 99,361.41
(b) Cash on Hand at Beginning of Reporting Period	\$ 195,254.85	
(c) Total Receipts (from line 19)	\$ 15,688.29	\$ 276,631.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 210,943.14	\$ 375,992.93
7. Total Disbursements (from Line 30)	\$ 23,000.00	\$ 188,049.79
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 187,943.14	\$ 187,943.14
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	

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: 1/22/98

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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# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised 11/1/81

NAME OF COMMITTEE <b>APMA Podiatry Political Action Committee</b>	REPORT COVERING PERIOD	
	FROM: <b>12/01/97</b>	TO: <b>12/31/97</b>
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	5,740.00	103,287.00
ii. Unitemized.....	9,324.00	161,926.80
iii. Total.....(add i and ii) >	15,064.00	265,213.80
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add aiii, b and c) >	15,064.00	265,213.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	624.29	11,417.72
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	15,688.29	276,631.52
20. Total Federal Receipts.....(subtract line 18 from line 19) >	15,688.29	276,631.52
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	0.00	1,049.79
c. Total Operating Expenditures.....(Add aii, and b) >	0.00	1,049.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23,000.00	187,000.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441aldH) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds.....(Add a, b, and c) >	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	23,000.00	188,049.79
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30) >	23,000.00	188,049.79
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans)(from line 11d).....	15,064.00	265,213.80
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	15,064.00	265,213.80
35. Total Federal Operating Expenditures.....(add 21 ai and 21 bi) >	0.00	1,049.79
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	0.00	1,049.79

**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 or any political committee to solicit contributions from such committee.

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

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Rodney R. Wright DPM</b> <b>Tawas Foot Clinic</b> <b>166 M-55</b> <b>Tawas City, MI 48763-9237</b>		<b>Name of Employer</b> <b>Tawas Foot Clinic</b>	<b>Date (Month day, Year)</b> <b>12/01/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Thomas Vail DPM</b> <b>1725 Western Ave. #C</b> <b>Findlay, OH 45840</b>		<b>Name of Employer</b> <b>Self employed</b>	<b>Date (Month day, Year)</b> <b>12/01/97</b>	<b>Amount of Each Receipt this Period</b>  <b>100.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>C. Full Name, Mailing Address and Zip Code</b> <b>David J. Neese DPM</b> <b>740 E. Main St.</b> <b>Anoka, MN 55303</b>		<b>Name of Employer</b> <b>Family Foot &amp; Ankle Clinic, P.A.</b>	<b>Date (Month day, Year)</b> <b>12/01/97</b>	<b>Amount of Each Receipt this Period</b>  <b>200.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>	
<b>D. Full Name, Mailing Address and Zip Code</b> <b>John L. Meyer DPM</b> <b>201 S. Beacon Blvd.</b> <b>Grand Haven, MI 49417-1947</b>		<b>Name of Employer</b> <b>Self employed</b>	<b>Date (Month day, Year)</b> <b>12/01/97</b>	<b>Amount of Each Receipt this Period</b>  <b>200.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>	
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Mitchell R. Waskin DPM</b> <b>Second &amp; Franklin St. #103</b> <b>Richmond, VA 23219</b>		<b>Name of Employer</b> <b>Family Foot Care, P.C.</b>	<b>Date (Month day, Year)</b> <b>12/02/97</b>	<b>Amount of Each Receipt this Period</b>  <b>150.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>225.00</b>	
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Glenn F. DeVries DPM</b> <b>1001 W. Main St.</b> <b>Waupun, WI 53963-1601</b>		<b>Name of Employer</b> <b>Self employed</b>	<b>Date (Month day, Year)</b> <b>12/02/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Keith A. Turlington DPM</b> <b>10000 Watson Rd. #2R</b> <b>Crestwood, MO 63126-1854</b>		<b>Name of Employer</b> <b>Self employed</b>	<b>Date (Month day, Year)</b> <b>12/02/97</b>	<b>Amount of Each Receipt this Period</b>  <b>300.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>600.00</b>	
<b>SUB TOTAL of Receipts This Page (Optional).....&gt;</b>				<b>1,450.00</b>
<b>TOTAL this Period (Last page this line number only).....&gt;</b>				

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE	OF
2	4
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
<b>James W. Gallagher DPM</b> 1414 N. Fair Ave. #105 Marquette, MI 49855-2675	<b>Self employed</b>	12/04/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
<b>Richard S. Donela DPM</b> 213 School St. Bennington, VT 05201-2510	<b>Tri-State Podiatry</b>	12/05/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>300.00</b>	
<b>Gary A. Cortese DPM</b> 1626 Mt. Hope Ave. Pottsville, PA 17901-1302	<b>Self employed</b>	12/05/97	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>300.00</b>	
<b>Robert J. Valins DPM</b> 6336 Fort King Rd. Zephyrhills, FL 33541-2531	<b>Self employed</b>	12/08/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
<b>Bruce G. Blank DPM</b> 92 N. Fourth St. #27 Martins Ferry, OH 43935-1600	<b>Achilles Foot &amp; Ankle Surgery</b>	12/10/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
<b>Mark D. Young DPM</b> 405 S. Mission, #L Mount Pleasant, MI 48858-2410	<b>Self employed</b>	12/11/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
<b>David J. Unger DPM</b> 535 Saybrook Rd. Middletown, CT 06457-4743	<b>Middlesex Podiatry Associates</b>	12/15/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
<b>SUB TOTAL of Receipts This Page (Optional)</b>			<b>1,775.00</b>
<b>TOTAL this Period (Last page this line number only)</b>			

**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 <b>Norman W. Goldman DPM</b> <b>Columbia Medical Center</b> <b>515 W. Mayfield, #116</b> <b>Arlington, TX 76014-2084</b>	Name of Employer <b>Accent Podiatry Associates</b>	Date (Month day, Year) <b>12/15/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
B. Full Name, Mailing Address and Zip Code <b>Louis J. Tallo DPM</b> <b>1650 Elmwood Ave.</b> <b>Rochester, NY 14620-3418</b>	Name of Employer <b>Metro Footcare Associates</b>	Date (Month day, Year) <b>12/15/97</b>	Amount of Each Receipt this Period  <b>300.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
C. Full Name, Mailing Address and Zip Code <b>R. Daniel Davis DPM</b> <b>2409 Main St.</b> <b>Bridgeport, CT 06606-5324</b>	Name of Employer <b>Self employed</b>	Date (Month day, Year) <b>12/15/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
D. Full Name, Mailing Address and Zip Code <b>Mark D. Dollard DPM</b> <b>46440 Benedict Dr. #111</b> <b>Sterling, VA 20164-6602</b>	Name of Employer <b>Loudoun Foot &amp; Ankle Center</b>	Date (Month day, Year) <b>12/19/97</b>	Amount of Each Receipt this Period  <b>50.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
E. Full Name, Mailing Address and Zip Code <b>Howard Frank Duke DPM</b> <b>1805 Monument Ave. #106</b> <b>Richmond, VA 23220-7005</b>	Name of Employer <b>Self employed</b>	Date (Month day, Year) <b>12/19/97</b>	Amount of Each Receipt this Period  <b>40.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>340.00</b>		
F. Full Name, Mailing Address and Zip Code <b>Milos Tomich DPM</b> <b>7120 W. North Ave.</b> <b>Milwaukee, WI 53213-1811</b>	Name of Employer <b>Self employed</b>	Date (Month day, Year) <b>12/22/97</b>	Amount of Each Receipt this Period  <b>300.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
G. Full Name, Mailing Address and Zip Code <b>Randall C. Strodt DPM</b> <b>1852 N.W. Sixth St.</b> <b>Grants Pass, OR 97526-1038</b>	Name of Employer <b>Self employed</b>	Date (Month day, Year) <b>12/22/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		

SUB TOTAL of Receipts This Page (Optional).....> **1,440.00**

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
<b>Brian G. Moyles DPM</b> 211 E. New Haven Ave. Melbourne, FL 32901-4503	<b>Melbourne Podiatry Associates</b> Occupation: Podiatrist	12/22/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
<b>Philip J. Organ DPM</b> Cecilwood Professional Bldg. 175 Main St. Fishkill, NY 12524-1748	<b>Self employed</b> Occupation: Podiatrist	12/29/97	375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
<b>John A. DeMonte DPM</b> 441 March Ave. #A Healdsburg, CA 95448-3306	<b>Self employed</b> Occupation: Podiatrist	12/31/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		300.00
<b>Martin Fort DPM</b> 1919 W. Swann Ave. Tampa, FL 33606-2404	<b>Self employed</b> Occupation: Podiatrist	12/31/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
<b>E. Full Name, Mailing Address and Zip Code</b>	<b>Name of Employer</b> Occupation	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
<b>F. Full Name, Mailing Address and Zip Code</b>	<b>Name of Employer</b> Occupation	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
<b>G. Full Name, Mailing Address and Zip Code</b>	<b>Name of Employer</b> Occupation	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	1,075.00
TOTAL this Period (Last page this line number only).....>	5,740.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE	OF
1	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 <b>Brokerage Firm Advest Inc.</b> <b>22 Waterville Rd.</b> <b>Avon, CT 06001-2006</b>	Name of Employer <b>Brokerage Firm</b>	Date (Month day, Year) <b>12/31/97</b>	Amount of Each Receipt this Period  <b>624.29</b>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>9,542.72</b>		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	<b>624.29</b>
TOTAL this Period (Last page this line number only).....>	<b>624.29</b>

# SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)  
ATMA Poetry Political Action Committee

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Brokerage Firm Advest Inc.</b> <b>22 Waterville Rd.</b> <b>Avon, CT 06001-2006</b>		<b>Name of Employer</b> <b>Brokerage Firm</b>	<b>Date (Month day, Year)</b> <b>12/31/97</b>	<b>Amount of Each Receipt this Period</b>  <b>624.29</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	9,542.72
<b>B. Full Name, Mailing Address and Zip Code</b>		<b>Name of Employer</b>	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	
<b>C. Full Name, Mailing Address and Zip Code</b>		<b>Name of Employer</b>	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	
<b>D. Full Name, Mailing Address and Zip Code</b>		<b>Name of Employer</b>	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	
<b>E. Full Name, Mailing Address and Zip Code</b>		<b>Name of Employer</b>	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	
<b>F. Full Name, Mailing Address and Zip Code</b>		<b>Name of Employer</b>	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	
<b>G. Full Name, Mailing Address and Zip Code</b>		<b>Name of Employer</b>	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	
<b>SUB TOTAL of Receipts This Page (Optional)</b>				<b>624.29</b>
<b>TOTAL this Period (Last page this line number only)</b>				<b>624.29</b>

**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 Disb. this Period
Democratic Senatorial Campaign Committee 430 S. Capitol Street Washington, DC 20003	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1998 Dues	12/05/97	5,000.00
B. Full Name, Mailing Address and Zip Code National Republican Congressional Committee 320 First Street, S.E., 2nd Floor Washington, DC 20003	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1998 Dues	12/05/97	5,000.00
C. Full Name, Mailing Address and Zip Code Republican Senatorial Campaign Committee 320 First St., S.E., 2nd Fl Washington, DC 20003	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1998 Dues	12/05/97	5,000.00
D. Full Name, Mailing Address and Zip Code Democratic Senatorial Campaign Committee 430 S. Capitol Street Washington, DC 20003	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1998 Dues	12/05/97	5,000.00
E. Full Name, Mailing Address and Zip Code America Works Committee 607 14th St., NW, Suite 800 Washington, DC 20005	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1998 Dues	12/05/97	1,000.00
F. Full Name, Mailing Address and Zip Code Rob Andrews for Congress Committee 20 Brace Road Suite 200 Cherry Hill, NJ 08034	Purpose of Disbursement 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	12/05/97	500.00
G. Full Name, Mailing Address and Zip Code Norwood for Congress 3643 Walton Way Extension Augusta, GA 30909	Purpose of Disbursement Charlie Norwood, U.S. HOUSE 10th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/15/97	1,000.00
H. Full Name, Mailing Address and Zip Code Friends of Lane Evans Committee P.O. Box 5263 Rock Island, IL 61204	Purpose of Disbursement Lane Evans, U.S. HOUSE 17th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/15/97	500.00
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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	23,000.00
TOTAL this Period (Last page this line number only).....>	23,000.00

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
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 1-23-98
<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	
MUD	1-26-98
PREPARER	DATE PREPARED