

Memo from . . . . .

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Teena D. Dargan

APR 7 12 02 PM '98

*Administrative Assistant*

March 31, 1998

To: Whom It May Concern:

Enclosed are copies of both the February and March FRC reports, which have been filed previously.

Regarding a letter we received concerning the font being too small on the report, we have finally corrected the problem, as you can see on the attached reports.

If there are any questions or concerns, please do not hesitate to call.

Thank you for your patience with this matter.

*American Pediatric Medical Association  
9312 Old Georgetown Road  
Bethesda, MD 20814-1621  
(301) 571-9200*

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

APR 7 12 02 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

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

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

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

2. FEC IDENTIFICATION NUMBER  
**C00008820**

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

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

Twelfth day report preceding \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	02/01/98 through 02/28/98		
6. (a) Cash on Hand January 1, 19 98			\$ 187,943.14
(b) Cash on Hand at Beginning of Reporting Period		\$ 216,048.13	
(c) Total Receipts (from Line 19)		\$ 28,754.42	\$ 67,369.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 244,802.55	\$ 255,302.55
7. Total Disbursements (from Line 30)		\$ 19,500.00	\$ 30,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 225,302.55	\$ 225,302.55
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 909 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 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 \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5487g.

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO:	
APMA Poultry Political Action Committee	02/01/98	02/28/98	
	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)	13,075.00	34,100.00	11(a)(i)
ii. Unitemized	14,387.50	31,144.50	11(a)(ii)
iii. Total (add i and ii) >	27,462.50	65,244.50	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) >	27,462.50	65,244.50	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,291.92	2,114.91	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	28,754.42	67,359.41	19
20. Total Federal Receipts (subtract line 18 from line 19) >	28,754.42	67,359.41	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	19,500.00	30,000.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	19,500.00	30,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	19,500.00	30,000.00	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	27,462.50	65,244.50	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	27,462.50	65,244.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

**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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin C. McDonald DPM P.O. Box 885 Statesboro, GA 30459-0886	Family Foot Care	02/02/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > 6	250.00	
David Giebtzman DPM 2000 Hampton Ctr. #B Morgantown, WV 26505-2997	Self employed	02/02/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > 5	250.00	
Alan S. Blener DPM 605 Rt. 208 Monroe, NY 10950-1607	Self employed	02/02/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > 5	300.00	
Lloyd S. Smith DPM 10 Langlay Rd. #301 Newton Center, MA 02159-1972	Self employed	02/02/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > 8	250.00	
Beth S. Pearce DPM 204 Southpark Cir. E. St. Augustine, FL 32086-5136	Self employed	02/02/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > 4	250.00	
Paul Kaiser DPM 3255 W. Woodmen Rd. Colorado Springs, CO 80919-4506	Self-Employed	02/02/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > 3	250.00	
David James Malani DPM 1118 N. Fourth St. Coeur D'Alene, ID 83814-3217	Self employed	02/02/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > 3	250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1,800.00
<b>TOTAL</b> 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

<b>A. Full Name, Mailing Address and ZIP Code</b> Donald S. Provenzano DPM 525 S. Third St. Gadsden, AL 35901-5301	Name of Employer Self employed	Date (month, day, year) 02/03/98	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> David R. Kirlin DPM 1595-K E. Garrison Blvd. Gastonia, NC 28054-5156	Name of Employer Gaston Foot Clinic, P.A.	Date (month, day, year) 02/03/98	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> Joseph W. Cavuata DPM 1575 Hillside Ave. New Hyde Park, NY 11040-2501	Name of Employer Island Podiatry Associates, P.C.	Date (month, day, year) 02/03/98	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> Thomas J. Orlando DPM 323D Eastern Blvd. Edgewood York, PA 17402-303D	Name of Employer Associated Foot & Ankle Specialists	Date (month, day, year) 02/03/98	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> Richard Pat Mietretta DPM 3400 McClure Bridge Rd. Bldg. F #B Duluth, GA 30136	Name of Employer Affiliated Foot & Ankle, P.C.	Date (month, day, year) 02/05/98	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> Norman Kornblatt DPM 3866 Hwy. 5, #101 Douglasville, GA 30135-2364	Name of Employer Ankle & Foot Specialists-Douglas County	Date (month, day, year) 02/08/98	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> Ronald G. Carver III DPM 4025 University Ave. Waterloo, IA 50701-5639	Name of Employer Cedar Valley Podiatry	Date (month, day, year) 02/06/98	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>SUBTOTAL</b> of Receipts This Page (optional)	1,500.00
<b>TOTAL</b> 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 7  
FOR LINE NUMBER 11 a 1

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**NAME OF COMMITTEE (in Full)**

APMA Podiatry Political Action Committee

<p><b>A. Full Name, Mailing Address and ZIP Code</b>  <b>Brian G. Halcomb DPM</b>                  236 Atlanta Rd.                  Cumming, GA 30130-2610</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b>                  Cumming Foot &amp; Leg Clinic</p> <p><b>Occupation</b>                  Podiatrist</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <b>250.00</b></p>	<p><b>Date (month, day, year)</b>                  02/09/98</p>	<p><b>Amount of Each Receipt this Period</b>                  250.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>  <b>Thomas Abrahamson DPM</b>                  225 Main St. #301                  Westport, CT 06880-3216</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b>                  Self employed</p> <p><b>Occupation</b>                  Podiatrist</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <b>300.00</b></p>	<p><b>Date (month, day, year)</b>                  02/08/98</p>	<p><b>Amount of Each Receipt this Period</b>                  300.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>  <b>Francisco A. Tello DPM</b>                  107 W. Main Ave. #250                  Bismarck, ND 58501-3852</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b>                  Dakota Foot &amp; Ankle Clinic</p> <p><b>Occupation</b>                  Podiatrist</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <b>250.00</b></p>	<p><b>Date (month, day, year)</b>                  02/12/98</p>	<p><b>Amount of Each Receipt this Period</b>                  250.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>  <b>Patrick DeHaer DPM</b>                  1325 N. National Rd.                  Columbus, IN 47201</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b>                  Self employed</p> <p><b>Occupation</b>                  Podiatrist</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <b>350.00</b></p>	<p><b>Date (month, day, year)</b>                  02/12/98</p>	<p><b>Amount of Each Receipt this Period</b>                  350.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b>  <b>Matthew G. Garoufalis DPM</b>                  5301 S. Cicero Ave.                  Chicago, IL 60632-4916</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b>                  Professional Foot Care Specialists</p> <p><b>Occupation</b>                  Podiatrist</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <b>250.00</b></p>	<p><b>Date (month, day, year)</b>                  02/12/98</p>	<p><b>Amount of Each Receipt this Period</b>                  250.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>  <b>Leonard Simmons DPM</b>                  1228 Country Club Rd.                  Fairmont, WV 26554-2377</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b>                  Self employed</p> <p><b>Occupation</b>                  Podiatrist</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <b>250.00</b></p>	<p><b>Date (month, day, year)</b>                  02/12/98</p>	<p><b>Amount of Each Receipt this Period</b>                  250.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b>  <b>Gregory T. Amarantos DPM</b>                  1006 Church St.                  Glenview, IL 60025-2927</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b>                  Self employed</p> <p><b>Occupation</b>                  Podiatrist</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <b>325.00</b></p>	<p><b>Date (month, day, year)</b>                  02/12/98</p>	<p><b>Amount of Each Receipt this Period</b>                  25.00</p>

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

**1,675.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 7  
FOR LINE NUMBER 11 g l

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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>S. F. Charley Harley DPM</b> 112 W. Pasadena Blvd. Dear Park, TX 77536-4870	<b>Self employed</b>	<b>02/13/98</b>	<b>250.00</b>
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>Wesley L. Daniel DPM</b> Gainesville Podiatry Clinic 416 Broad St. S.E. Gainesville, GA 30501	<b>Gainesville Podiatry Clinic</b>	<b>02/17/98</b>	<b>250.00</b>
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>James E. Stocker DPM</b> 5620 W. Thunderbird Rd. #G-2 Glendale, AZ 85306-4852	<b>Self employed</b>	<b>02/17/98</b>	<b>250.00</b>
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>Timothy J. Brown DPM</b> 1051 Harding Memorial Pkwy. #B Marion, OH 43302-7155	<b>Ankle &amp; Foot Specialists of Marion, Inc.</b>	<b>02/17/98</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Podiatrist</b>	Aggregate Year-to-Date > \$ <b>1,000.00</b>	
<b>Allen Lazaron DPM</b> 1234 Powers Ferry Rd. #103 Marietta, GA 30067-5488	<b>Family Podiatry Center</b>	<b>02/18/98</b>	<b>250.00</b>
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>Dean Dorfman DPM</b> 320 E. Hillbora Blvd. Deerfield Beach, FL 33441-3540	<b>Deerfield Family Footcare</b>	<b>02/23/98</b>	<b>250.00</b>
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>Burton Bornstein DPM</b> 3008 Aloma Ave. Winter Park, FL 32782-3701	<b>Self employed</b>	<b>02/23/98</b>	<b>250.00</b>
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>	

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

**2,500.00**

**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
Christian A. Robertozzi DPM 179 High St. Newton, NJ 07850-1097	Self employed	02/23/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christian J. Wunderlich DPM 118 E. Jefferson Ave. Kirkwood, MO 63122-4026	Kirkwood Podiatry, Inc.	02/23/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul R. Glaser DPM 3208 Oleander Dr. Wilmington, NC 28403-0808	Self employed	02/23/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel M. Hegan DPM 3701 Henderson Dr. Jacksonville, NC 28546-5237	Self employed	02/23/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Spencer C. Misner DPM 1432 Broadrick Dr. Dalton, GA 30720-3009	Self employed	02/24/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Harvey Dworkin DPM 1550 S. Potomac St #320 Aurora, CO 80012-5433	Colorado Podiatry Group	02/24/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig C. Maguire DPM 1523 S. Orange Ave. Orlando, FL 32806-2116	Orlando Foot & Ankle Clinic	02/24/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 500.00	

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

2,700.00

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 7  
FOR LINE NUMBER 11A1

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
<b>Marc B. Klein DPM</b> The Garden Shops 7050 W. Palmetto Park Rd. #18 Boca Raton, FL 33433	<b>Self employed</b>	02/24/98	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 > \$ 250.00		
<b>Steven M. Spinner DPM</b> 301 N.W. 84th Ave. Plantation, FL 33324	<b>Self employed</b>	02/24/98	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 > \$ 250.00		
<b>Edward R. Nieuwenhuis DPM</b> 350 Franklin Ave. Wyckoff, NJ 07481-1934	<b>Self employed</b>	02/24/98	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 > \$ 300.00		
<b>Barry G. Wolff DPM</b> 777 Blackwood Clementon Rd. Lindenwold, NJ 08021-5886	<b>Self employed</b>	02/26/98	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 > \$ 500.00		
<b>Keith Kallah DPM</b> 4909 S. U.S. 1 Fort Pierce, FL 34982	<b>Self employed</b>	02/25/98	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 > \$ 250.00		
<b>Edward Patrick Smith, Jr. DPM</b> 148 Park St. Springfield, VT 05156-3034	<b>Self employed</b>	02/26/98	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 > \$ 250.00		
<b>David M. Schofield DPM</b> 410 E. Church St. Elmira, NY 14901	<b>Twin Tier Area Plan</b>	02/27/98	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 > \$ 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 7 OF 7  
FOR LINE NUMBER

11a

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
Jerauld D. Ferrito, Jr. DPM 3873 Broadway Grove City, OH 43123-2206	Self employed	02/27/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol A. Akerman DPM 503 Highway 321 N. #8 Lenoir City, TN 37771-6575	Lenoir City Foot Clinic	02/27/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
C. 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 > \$		
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)

750.00

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

13,075.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER

17

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)**

APWA Podiatry Political Action Committee

<p><b>A. Full Name, Mailing Address and ZIP Code</b>                  Brokerage Firm Advest Inc.                  22 Waterville Rd.                  Avon, CT 06001-2006</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  <b>Brokerage Firm</b></p> <p>Occupation</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> 6 <b>2,114.91</b></p>	<p>Date (month, day, year)  <b>02/28/98</b></p>	<p>Amount of Each Receipt this Period  <b>1,291.92</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> 9</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

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

**1,291.92**

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

**1,291.92**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)**

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carol Moseley Braun for U.S. Senate 819 E. Wabash Ave, Ste 606 Chicago, IL 60605	Carol Moseley-Braun, U.S. SENATE IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/13/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Hulahof for Congress P.O. Box 1621 Columbia, MO 65205	Kenny Hulshof, U.S. HOUSE 9th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/13/98	500.00
C. Full Name, Mailing Address and ZIP Code Bob Filner for Congress P.O. Box 127888 San Diego, CA 92112	Bob Filner, U.S. HOUSE 50th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/13/98	500.00
D. Full Name, Mailing Address and ZIP Code Friends of Connie Morella 7315 Wisconsin Ave. 450W Bethesda, MD 20814	Constance A. Morella, U.S. HOUSE 8th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/13/98	500.00
E. Full Name, Mailing Address and ZIP Code Brian Baird for Congress P.O. Box 1098 Olympia, WA 98507	Brian Baird, U.S. HOUSE WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	1,000.00
F. Full Name, Mailing Address and ZIP Code McCrery for Congress 1908 CNB Tower 33 Texas Street Shreveport, LA 71101	Jim McCrery, U.S. HOUSE 5th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	1,000.00
G. Full Name, Mailing Address and ZIP Code John D. Dingell for Congress Committee 607 Fourteenth St., NW Washington, DC 20005	John D. Dingell, U.S. HOUSE 16th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	1,000.00
H. Full Name, Mailing Address and ZIP Code Ike Skelton For Congress Committee P.O. Box A Harrisonville, MO 64701	Ike Skelton, U.S. HOUSE 4th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	500.00
I. Full Name, Mailing Address and ZIP Code Doggett for U.S. Congress Committee P.O. Box 5843 Azarita, TX 78703	Lloyd Doggett, U.S. HOUSE 10th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	500.00

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

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 2 OF 4  
FOR LINE NUMBER 22

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Christopher Cox Congressional Committee P.O. Box 8088-C Newport Beach, CA 92658	C. Christopher Cox, U.S. HOUSE 47th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	500.00
Stenholm for Congress P.O. Box 1032 Stamford, TX 79553	Charles W. Stenholm, U.S. HOUSE 17th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	500.00
J.D. Hayworth for Congress P.O. Box 9207 Mesa, AZ 85214	J.D. Hayworth, U.S. HOUSE 6th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	1,000.00
Friends of Roy Blunt P.O. Box 276 Stratford, MO 65757	Roy Blunt, U.S. HOUSE 7th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	1,000.00
Texans for Henry Bonilla 15643 Cloud Top San Antonio, TX 78248	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	500.00
Friends of Rosa DeLauro 49 Huntington St. New Haven, CT 06511	Rosa DeLauro, U.S. HOUSE 3rd CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/20/98	1,000.00
Friends of Chris Dodd 11 Prospect Street Middletown, CT 06457	Christopher J. Dodd, U.S. SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	1,000.00
Crapo for U.S. Senate	Michael D. Crapo, U.S. SENATE ID Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	1,000.00
Watts For Congress P.O. Box 720381 Norman, OK 73072	J.C. Watts, U.S. HOUSE 4th OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00

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

7,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(a) for each category of this Detailed Summary Page

PAGE 3 OF 4 FOR LINE NUMBER 27

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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
Spence for Congress Committee P.O. Box 1475 Columbia, SC 29202	Floyd D. Spence, U.S. HOUSE 2nd SC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
B. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT LINDSEY GRAHAM PO BOX 1155 SENECA, SC 29679	Lindsey Graham, U.S. HOUSE 3rd SC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
C. Full Name, Mailing Address and ZIP Code Friends of Congressman Tim Holden 302 Mahantango Street Pottsville, PA 17901	Tim Holden, U.S. HOUSE 6th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
D. Full Name, Mailing Address and ZIP Code Pete Stark Re-Election Committee P.O. Box 121 Hayward, CA 94543	Pete Stark, U.S. HOUSE 13th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
E. Full Name, Mailing Address and ZIP Code Castle Campaign Fund P.O. Box 133 Wilmington, DE 19898	Michael N. Castle, U.S. HOUSE AL DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
F. Full Name, Mailing Address and ZIP Code Re-Elect Brian Bilbray for Congress #270 12780 High Bluff Dr. San Diego, CA 92130	Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
G. Full Name, Mailing Address and ZIP Code Alaska for Don Young P.O. Box 100288 Anchorage, AK 99510	Don Young, U.S. HOUSE AL AK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
H. Full Name, Mailing Address and ZIP Code Pallone for Congress 540 Broadway Long Branch, NJ 07410	Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	1,000.00
I. Full Name, Mailing Address and ZIP Code Friends of Jennifer B. Dunn P.O. Box 40110 Bellevue, WA 98004	Jennifer Dunn, U.S. HOUSE 8th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00

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

5,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4  
FOR LINE NUMBER 22

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**NAME OF COMMITTEE (in Full)**

APMA Pediatric Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Louise Slaughter Re-Election Committee 10th Floor One Exchange St. Rochester, NY 14614	Louise M. Slaughter, U.S. HOUSE 28th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Becerra for Congress LHOB 1119 Washington, DC 20515	Xavier Becerra, U.S. HOUSE 30th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	02/27/98	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

1,000.00


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

18,500.00

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 3-31-98
<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	4-2-98 DATE PREPARED