

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

APR 2 2 37 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) <input type="checkbox"/> Check if different than previously reported 9312 Old Georgetown Road	2. FEC IDENTIFICATION NUMBER C00008839
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) <input checked="" type="checkbox"/>

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:
- | | | |
|---|---------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 21 |
- 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>01/01/98</u> through <u>01/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 187,943.14
(b) Cash on Hand at Beginning of Reporting Period	\$ 187,943.14	
(c) Total Receipts (from Line 19)	\$ 38,604.99	\$ 38,604.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 226,548.13	\$ 226,548.13
7. Total Disbursements (from Line 30)	\$ 10,500.00	\$ 10,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 216,048.13	\$ 216,048.13
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 888 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. §437g.

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE APMA Podiatry Political Action Committee		REPORT COVERING PERIOD FROM 01/01/98 TO: 01/31/98		
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	21,826.00	21,826.00	11(a)(i)
ii.	Unitemized	16,767.00	16,767.00	11(a)(ii)
iii.	Total (add i and ii) >	37,782.00	37,782.00	11(a)(iii)
b.	Political Party Committees	0.00	0.00	11(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	11(c)
d.	Total Contributions (add a ii, b and c) >	37,782.00	37,782.00	11(d)
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13.	All Loans Received	0.00	0.00	13
14.	Loan Repayments Received	0.00	0.00	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	822.99	822.99	17
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	38,604.99	38,604.99	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	38,604.99	38,604.99	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0.00	0.00	21(a)(i)
ii.	Non-Federal Share	0.00	0.00	21(a)(ii)
b.	Other Federal Operating Expenditures	0.00	0.00	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	10,500.00	10,500.00	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26.	Loan Repayments Made	0.00	0.00	26
27.	Loans Made	0.00	0.00	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b.	Political Party Committees	0.00	0.00	28(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29.	Other Disbursements	0.00	0.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	10,500.00	10,500.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	10,500.00	10,500.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	37,782.00	37,782.00	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	37,782.00	37,782.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the 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
W. Christopher Fleming DPM 3300 S.W. 33rd Ocala, FL 34474	Self employed	01/01/98	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	
George V. Tsoutsouris DPM 9105-A Indianapolis Blvd. #102 Highland, IN 46322-2504	Self employed	01/01/98	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	
Robert C. Freestone DPM 3312 N. Janney Ave. Muncie, IN 47304-2064	Self employed	01/01/98	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	
Edward A. O'Brien DPM 135 W. Dares Beach Rd. Prince Frederick, MD 20678-3119	Podiatry Group, P.A.	01/05/98	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	
Richard L. Grant DPM 36622 Green St. New Baltimore, MI 48047-2538	Self employed	01/06/98	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	
Sheldon Willens DPM 2651 Hollywood Blvd. Hollywood, FL 33020-4840	Self employed	01/07/98	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	
Robert Douglas Sowell DPM 5100 N. Brookline Oklahoma City, OK 73112-3803	Self employed	01/12/98	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)

2,250.00

TOTAL This Period (last page this line number only)

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ITEMIZED RECEIPTS

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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
Jonathan J. Lubitz DPM suite 2 4365 Midmost Dr. Mobile, AL 36609	Self employed	01/13/98	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David B. Arkin DPM 455 Maple St. #2 Big Flats, NY 14814	Self employed	01/13/98	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Yee DPM 50 S. Beretania St. #C111 Honolulu, HI 96813-2222	Hawaii Foot Clinic	01/14/98	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey D. Lederman DPM 836 Farmington Ave. #105 West Hartford, CT 06119-1544	West Hartford Podiatry Associates	01/14/98	550.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 550.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marc Lederman DPM 836 Farmington Ave. #105 West Hartford, CT 06119-1544	West Hartford Podiatry Associates	01/14/98	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Daniel Davis DPM 2409 Main St. Bridgeport, CT 06606-5324	Self employed	01/14/98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John F. D'Amico DPM 187 N. Main St. Wallingford, CT 06492-3721	Self employed	01/14/98	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) 2,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 10
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
Steven E. Damon DPM 64 Palomba Dr. Enfield, CT 06082-3844	Self employed	01/14/98	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
David Mader DPM 1183 New Haven Rd. Rt. 63 Professional Center Naugatuck, CT 06770-5033	Family Footcare	01/14/98	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		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert E. Sherman DPM 3446 Main St. Stratford, CT 06497-4133	Stratford Podiatry Associates	01/14/98	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		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert E. Marra DPM Podiatry Care 1350 Sullivan Ave. South Windsor, CT 06074-2713	Podiatry Care	01/14/98	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		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Deschamps DPM 43 W. Main St. #9 Rockville, CT 06066-3549	Self employed	01/14/98	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		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. Tucker Brewnar DPM 817 E. 66th St. Savannah, GA 31405-4507	Podiatry Associates, P.C.	01/16/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David K. Minton DPM 1121 Jefferson Medical Park Roanoke, VA 24016	Podiatric Medicine & Foot Surgery, P.C.	01/16/98	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (optional)

1,900.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 10
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Schwarzentraub DPM 4601 66th St. #A Lubbock, TX 79414-4839	Self employed	01/20/98	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	
David Roberson, Jr. DPM 940 Oak Grove Rd. Birmingham, AL 35209-6506	Self employed	01/20/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist		
	Aggregate Year-to-Date > \$	300.00	
Richard S. Jason DPM 1808 University Blvd. S. Jacksonville, FL 32218-8931	Self employed	01/20/98	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	
Bradford W. Glass DPM 1300 W. Wall Midland, TX 79701-6622	Self employed	01/20/98	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	
M. Thomas Robertson DPM 2444 N.E. Division St. Gresham, OR 97030-6020	Self employed	01/20/98	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	
Harvey S. Karpo DPM 649 N. Broad St. Woodbury, NJ 08096-1621	Self employed	01/20/98	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	
Janis R. D'Angelo DPM 1366 Clove Rd. Staten Island, NY 10301-4303	Self employed	01/20/98	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	

SUBTOTAL of Receipts This Page (optional)

1,950.00

TOTAL This Period (last page this line number only)

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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
Gregory T. Amarantos DPM 1006 Church St. Glenview, IL 60025-2927 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self employed Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00	01/21/98	300.00
Richard S. Weinbaum DPM 206 Gatewood Ave. High Point, NC 27262-4820 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Family Foot Health Center, P.A. Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00	01/21/98	500.00
Barry Saffran DPM 9671A Main St. Fairfax, VA 22031 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Foot Health Center of Northern Virginia Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	01/21/98	250.00
Thomas S. Godfryd DPM 2012 Eighth St. S. Birmingham, AL 35206-2704 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Birmingham Podiatry, P.C. Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00	01/21/98	500.00
David R. Wuerzter DPM 1550 E. Main St. Dothan, AL 35301-3012 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	01/23/98	250.00
Jay D. Lifshen DPM Irving Medical Bldg. 2001 N. MacArthur Blvd., #300 Irving, TX 75061-2283 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Southwest Podiatry Associates, P.A. Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00	01/23/98	300.00
Brad A. Toll DPM 2411 Crofton Ln. #25 Crofton, MD 21114-2441 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed Occupation Podiatrist Aggregate Year-to-Date > \$ 225.00	01/23/98	225.00

SUBTOTAL of Receipts This Page (optional)

2,325.00

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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
Patrick J. Ginney DPM 7210 Turfway Rd. Lower Lvl. Florence, KY 41042-1695	Self employed	01/23/98	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	
Chris C. Panagoulas DPM 3 Water St. #101 Nashua, NH 03080-3314	Self employed	01/23/98	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	
Thomas M. Domanick DPM 1708 Boston Ave. Bridgeport, CT 08610-2607	Self employed	01/26/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 300.00	
Richard A. Armstrong DPM 342A Gifford St. Falmouth, MA 02540-2948	Falmouth Podiatry	01/28/98	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	
Seth A. Rubenstein DPM 2579 John Milton Dr. #120 Herndon, VA 22071-2500	Fox Hill Podiatry Center	01/26/98	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	
Mark S. Veres DPM 4152 Cermichael Rd. Montgomery, AL 36108-3604	Self employed	01/26/98	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	
Kent L. Magrini DPM 5004 S. U St #101B Fort Smith, AR 72903-3600	Foot Health Center	01/26/98	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)

2,100.00

TOTAL This Period (last page this line number only)

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ITEMIZED RECEIPTS

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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
Douglas A. O'Hair DPM 141 Silver St. Waterville, ME 04901-5833	Self employed	01/27/98	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. Christopher Fleming DPM 3900 S.W. 33rd Ocala, FL 34474	Self employed	01/27/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 350.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael B. Thompson DPM 3536 30th Ave. #203 Kenosha, WI 53144-1651	Kenosha Medical Park	01/27/98	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael A. Figura DPM 12410 Lusher Rd. St. Louis, MO 63138-1456	County Podiatrist, Inc.	01/27/98	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
Paula Raugelle DPM 1875 E. High St. Wayneburg, PA 15370-9567	Self employed	01/27/98	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
C. Michael Irvin DPM 1875 E. High St. Wayneburg, PA 15370-9567	Self employed	01/27/98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles G. Klasek DPM 29433 Ryan Rd. Warren, MI 48092-2203	Medical Center Footcare Associates	01/27/98	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	

SUBTOTAL of Receipts This Page (optional)

1,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 10
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Michael Shimko DPM 19453 Highway 73 #A Davidson, NC 28036	Lakeside Foot Clinic	01/27/98	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	
Chris M. Olanek DPM 3875 Dix Rd. Lincoln Park, MI 48146-3940	Self employed	01/27/98	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	
Brian W. Cornell DPM 56 Memorial Blvd. Newport, RI 02840-3879	Self employed	01/27/98	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 500.00	
Thomas R. Komp DPM 1747 Shawano Ave. #100 Green Bay, WI 54303-3261	Self employed	01/27/98	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	
Michael J. Burns DPM 1100 Poudre River Dr. Fort Collins, CO 80524-3500	Foot Care Center	01/27/98	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	
John E. Forrette DPM 1100 E. 21st St. Sioux Falls, SD 57105	Central Plains Clinic	01/27/98	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	
David Glen Wade DPM 5100 N. Brookline Ave. #270 Oklahoma City, OK 73112-3603	Self employed	01/27/98	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	

SUBTOTAL of Receipts This Page (optional)

2,400.00

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

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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
Terry Saltsman DPM 3003 N. Broadway Anderson, IN 46012-1231	Saltsman Foot & Ankle Clinic	01/27/98	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	
Joseph Kleier DPM 1901 N. Ninth Ave. Pensacola, FL 32503-4535	Gulf Coast Podiatry	01/28/98	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	
Joseph H. Strickland DPM 225 Second Ave. N. St. Petersburg, FL 33701-3317	Self employed	01/28/98	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	
Stuart A. Courtney DPM 2524 E. Hallandale Beach Blvd. Hallandale, FL 33009-4817	Self employed	01/28/98	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	
Stephen M. Meritt DPM 431 W. Eighth St. Jacksonville, FL 32208-4332	Self employed	01/28/98	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	
Barney A. Greenberg DPM 2851 Hollywood Blvd. Hollywood, FL 33020-4840	Podiatry Associates	01/28/98	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	
Steven M. Grunfeld DPM 2012 Eighth Ct. S. Birmingham, AL 35205-2704	Birmingham Podiatry, P.C.	01/28/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

2,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 10
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
James G. Strickland DPM 225 Second Ave. N. St. Petersburg, FL 33701-3317	Self employed	01/28/98	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	
Dennis R. Frisch DPM 30 S.E. Seventh St. Boca Raton, FL 33432-6134	Boca Raton Podiatry	01/28/98	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	
Albert R. Brown DPM 5600 W. Atlantic Blvd. Margate, FL 33063-5121	Self employed	01/28/98	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	
Roberta Gludice-Teller DPM 118 S.W. Fourth Ave. Gainesville, FL 32601-6554	Self employed	01/28/98	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	
R. F. Eckerlein DPM 4650 N. Ninth Ave. Pensacola, FL 32503-2447	Self employed	01/28/98	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	
John R. Helser DPM 916 N.W. 56th Terr. Gainesville, FL 32605-6408	Gainesville Podiatry Associates	01/30/98	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
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)

2,000.00

TOTAL This Period (last page this line number only)

21,025.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brokerage Firm Advast Inc. 22 Waterville Rd. Avon, CT 06001-2005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Brokerage Firm Occupation Aggregate Year-to-Date > \$ 822.99	01/31/88	822.99
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) 822.99

TOTAL This Period (last page this line number only) 822.99

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Daniel K. Inouye '98 641 Bishop St. Ste 1501 Honolulu, HI 96813	Daniel K. Inouye, U.S. SENATE HI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/15/98	2,500.00
Grassley Committee Inc. 5301 Wisconsin Ave. Washington, DC 20015	Charles E. Grassley, U.S. SENATE IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/15/98	1,000.00
Crane for Congress Committee P.O. Box 8534 Rolling Meadows, IL 60008	Phillip M. Crane, U.S. HOUSE 8th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/15/98	600.00
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	01/15/98	500.00
Hoyer for Congress 7905 Malcolm Rd. Ste. 102 Clinton, MD 20735	Steny H. Hoyer, U.S. HOUSE 6th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/15/98	1,000.00
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	01/25/98	1,000.00
Congressman Joe Barton Committee P.O. Box 1444 Ennis, TX 75120	Joe L. Barton, U.S. HOUSE 6th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/26/98	500.00
Deal for Congress P.O. Box 902 Gainesville, GA 30603	Nathan Deal, U.S. HOUSE 9th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/25/98	500.00
Maloney for Congress 301 Main Street, Ste 300 Danbury, CT 06810	Jim Maloney, U.S. HOUSE 5th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/26/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)	8,500.00
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 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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	01/26/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Congresswoman Marge P.O. Box 625 Ridgewood, NJ 07451	Purpose of Disbursement Marge Roukema, U.S. HOUSE 5th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/28/98	500.00
C. Full Name, Mailing Address and ZIP Code Ryun for Congress 4006 S.W. Huntoon Topeka, KS 66604	Purpose of Disbursement Jim Ryun, U.S. HOUSE 2nd KS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/26/98	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

2,000.00

TOTAL This Period (last page this line number only)

10,500.00

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	
<i>SEP</i> PREPARER	4798 DATE PREPARED