

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

DEC 19 8 44 AM '97

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

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)

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>11/01/97</u> through <u>11/30/97</u> | | |
| 6. (a) Cash on Hand January 1, 19 <u>97</u> | | \$ 99,361.41 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 185,250.22 | |
| (c) Total Receipts (from line 19) | \$ 15,504.63 | \$ 240,843.23 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 243,754.85 | \$ 360,304.64 |
| 7. Total Disbursements (from Line 30) | \$ 8,500.00 | \$ 165,049.79 |
| 8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d)) | \$ 195,254.85 | \$ 195,254.85 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00 | For further information: Federal Election Commission 999 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. Curran

Signature of Treasurer *John R. Curran* Date **12/15/97**

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

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: 11/01/97 | TO: 11/30/97 |
| | COLUMN A | COLUMN B |
| | Total This Period | Calendar Year |
| I. Receipts | | |
| 11. Contributions (other than loans) From: | | |
| a. Individual/Persons Other Than Political Committees | | |
| i. Itemized (Use Schedule A)..... | 3,675.00 | 97,547.00 |
| ii. Unitemized..... | 10,116.00 | 152,602.80 |
| iii. Total.....(add i and ii) > | 13,791.00 | 250,149.80 |
| 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) > | 13,791.00 | 250,149.80 |
| 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.)..... | 1,713.63 | 10,793.43 |
| 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) > | 15,504.63 | 260,943.23 |
| 20. Total Federal Receipts.....(subtract line 18 from line 19) > | 15,504.63 | 260,943.23 |
| II. Disbursements | | |
| 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 a,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..... | 8,500.00 | 164,000.00 |
| 24. Independent Expenditures (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (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 21 c,22,23,24,25,26,27,28d, and 29) > | 8,500.00 | 165,049.79 |
| 31. Total Federal Disbursements.....(Subtract line 21 d(i) from line 30) > | 8,500.00 | 165,049.79 |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (Other than loans)(from line 11d)..... | 13,791.00 | 250,149.80 |
| 33. Total Contribution Refunds (from line 28d)..... | 0.00 | 0.00 |
| 34. Net Contributions (Other than loans)(subtract line 33 from 32)..... | 13,791.00 | 250,149.80 |
| 35. Total Federal Operating Expenditures.....(add 21 a(i) and 21 b) > | 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 |

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

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 Douglas J. Fred DPM 3011 Maine Quincy, IL 62301-4400 | Name of Employer Self employed Occupation Podiatrist | Date (Month day, Year) 11/03/97 | Amount of Each Receipt this Period 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Aggregate Year-to-date > \$ 300.00 | | |
| B. Full Name, Mailing Address and Zip Code Richard E. Ehle DPM 225 N. Main St. #105 Bristol, CT 06010-4922 | Name of Employer Bristol Podiatry Associates Occupation Podiatrist | Date (Month day, Year) 11/03/97 | Amount of Each Receipt this Period 300.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Aggregate Year-to-date > \$ 300.00 | | |
| C. Full Name, Mailing Address and Zip Code Jeffrey T. Klein DPM 5050 Joy Rd. Detroit, MI 48204-2257 | Name of Employer Foot Fitness Center Occupation Podiatrist | Date (Month day, Year) 11/05/97 | Amount of Each Receipt this Period 75.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Aggregate Year-to-date > \$ 225.00 | | |
| D. Full Name, Mailing Address and Zip Code Gregory A. Worley DPM 808 Scott Blvd. Covington, KY 41011-2437 | Name of Employer Self employed Occupation Podiatrist | Date (Month day, Year) 11/11/97 | Amount of Each Receipt this Period 300.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Aggregate Year-to-date > \$ 300.00 | | |
| E. Full Name, Mailing Address and Zip Code John L. Moglia DPM 668 Springfield Ave. Berkeley Heights, NJ 07922 | Name of Employer Self employed Occupation Podiatrist | Date (Month day, Year) 11/11/97 | Amount of Each Receipt this Period 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Aggregate Year-to-date > \$ 250.00 | | |
| F. Full Name, Mailing Address and Zip Code Robert R. Bier DPM 16 Monica Dr. Edison, NJ 08820-3224 | Name of Employer Self employed Occupation Podiatrist | Date (Month day, Year) 11/14/97 | Amount of Each Receipt this Period 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Aggregate Year-to-date > \$ 500.00 | | |
| G. Full Name, Mailing Address and Zip Code Noel B. Thurber DPM 1329 Cherry Way Dr. #600 Gahanna, OH 43230-6777 | Name of Employer Self employed Occupation Podiatrist | Date (Month day, Year) 11/17/97 | Amount of Each Receipt this Period 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Aggregate Year-to-date > \$ 250.00 | | |
| SUB TOTAL of Receipts This Page (Optional).....> | | | 1,450.00 |
| 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 Keith Kalish DPM 4909 S. U.S. 1 Fort Pierce, FL 34982 | Name of Employer Self employed | Date (Month day, Year) 11/17/97 | Amount of Each Receipt this Period 50.00 |
| | Occupation Podiatrist | Aggregate Year-to-date > \$ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | | | |
| B. Full Name, Mailing Address and Zip Code Daniel Mendoza DPM Cumberland Podiatry 510 Hospital Dr. #200 Madison, TN 37115-5036 | Name of Employer Cumberland Podiatry | Date (Month day, Year) 11/17/97 | Amount of Each Receipt this Period 100.00 |
| | Occupation Podiatrist | Aggregate Year-to-date > \$ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | | | |
| C. Full Name, Mailing Address and Zip Code David M. Moss DPM 27501 W. Warren Garden City, MI 48135-2253 | Name of Employer Self employed | Date (Month day, Year) 11/17/97 | Amount of Each Receipt this Period 100.00 |
| | Occupation Podiatrist | Aggregate Year-to-date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | | | |
| D. Full Name, Mailing Address and Zip Code David B. Day DPM 2818 Pacific View Trail Los Angeles, CA 90068-2046 | Name of Employer Self employed | Date (Month day, Year) 11/18/97 | Amount of Each Receipt this Period 275.00 |
| | Occupation Podiatrist | Aggregate Year-to-date > \$ 275.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | | | |
| E. Full Name, Mailing Address and Zip Code Walter D. Clark DPM 2012 Eighth Ct. S. Birmingham, AL 35205-2704 | Name of Employer Birmingham Podiatry, P.C. | Date (Month day, Year) 11/18/97 | Amount of Each Receipt this Period 100.00 |
| | Occupation Podiatrist | Aggregate Year-to-date > \$ 600.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | | | |
| F. Full Name, Mailing Address and Zip Code Louis S. Grossman DPM 27 E. Maiden St. Washington, PA 15301-4941 | Name of Employer Grossman Podiatry Center | Date (Month day, Year) 11/20/97 | 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) | | | |
| G. Full Name, Mailing Address and Zip Code Frank P. DeSio DPM 3771 Nesconset Hwy. #106 Centereach, NY 11720 | Name of Employer Self employed | Date (Month day, Year) 11/21/97 | Amount of Each Receipt this Period 200.00 |
| | Occupation Podiatrist | Aggregate Year-to-date > \$ 400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | | | |

| | |
|---|-----------------|
| SUB TOTAL of Receipts This Page (Optional).....> | 1,125.00 |
| 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 James E. Lisle DPM 939 Oak St. S.E. #112 Salem, OR 97301-3909 | | Name of Employer Cascade Foot Center | Date (Month day, Year) 11/24/97 | Amount of Each Receipt this Period 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 | |
| B. Full Name, Mailing Address and Zip Code John Michael Shimko DPM 19453 Highway 73 #A Davidson, NC 28036 | | Name of Employer Lakeside Foot Clinic | Date (Month day, Year) 11/24/97 | Amount of Each Receipt this Period 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | | Occupation Podiatrist | Aggregate Year-to-date > \$ 500.00 | |
| C. Full Name, Mailing Address and Zip Code Bradford W. Glass DPM 1300 W. Wall Midland, TX 79701-6622 | | Name of Employer Self employed | Date (Month day, Year) 11/24/97 | Amount of Each Receipt this Period 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | | Occupation Podiatrist | Aggregate Year-to-date > \$ 250.00 | |
| D. Full Name, Mailing Address and Zip Code Michael A. Conway DPM 892 N. Broadway North Massapequa, NY 11758 | | Name of Employer Self employed | Date (Month day, Year) 11/24/97 | Amount of Each Receipt this Period 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | | Occupation Podiatrist | Aggregate Year-to-date > \$ 250.00 | |
| E. Full Name, Mailing Address and Zip Code Terrance J. Benda DPM 1626 S. Main St. West Bend, WI 53095-4036 | | Name of Employer Self employed | Date (Month day, Year) 11/25/97 | Amount of Each Receipt this Period 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 |
| 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 > \$ | |
| SUB TOTAL of Receipts This Page (Optional) | | | | 1,100.00 |
| TOTAL this Period (Last page this line number only) | | | | 3,675.00 |

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 Brokerage Firm Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006 | Name of Employer Brokerage Firm | Date (Month day, Year) 11/01/97 | Amount of Each Receipt this Period 845.26 |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Aggregate Year-to-date > \$ 8,050.06 | | |
| B. Full Name, Mailing Address and Zip Code Brokerage Firm Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006 | Name of Employer Brokerage Firm | Date (Month day, Year) 11/30/97 | Amount of Each Receipt this Period 868.37 |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Aggregate Year-to-date > \$ 8,918.43 | | |
| 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).....> | 1,713.63 |
| TOTAL this Period (Last page this line number only).....> | 1,713.63 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

| | | |
|---|------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE | OF |
| | 1 | 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 Wyden for Senate P.O. Box 3498 Portland, OR 97208 | Purpose of Disbursement Ron Wyden, U.S. SENATE OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998 | Date (Month day, Year) 11/07/97 | Amount of Each Disb. this Period 1,500.00 |
| B. Full Name, Mailing Address and Zip Code Congressman Kildee Committee P.O. Box 317 Flint, MI 48501 | Purpose of Disbursement Dale E. Kildee, U.S. HOUSE 9th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998 | Date (Month day, Year) 11/07/97 | Amount of Each Disb. this Period 500.00 |
| C. Full Name, Mailing Address and Zip Code Shella Jackson Lee for Congress 1823 Banks Street Houston, TX 77098 | Purpose of Disbursement Shella Jackson Lee, U.S. HOUSE 18th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998 | Date (Month day, Year) 11/07/97 | Amount of Each Disb. this Period 500.00 |
| D. Full Name, Mailing Address and Zip Code Scorsone for Congress 167 W. Main Street, Ste 804 Lexington, KY 40507 | Purpose of Disbursement Ernesto Scorsone, U.S. HOUSE 6th KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998 | Date (Month day, Year) 11/07/97 | Amount of Each Disb. this Period 500.00 |
| E. Full Name, Mailing Address and Zip Code Olver for Congress P.O. Box 819 Amherst, MA 01004 | Purpose of Disbursement John Olver, U.S. HOUSE 1st MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998 | Date (Month day, Year) 11/07/97 | Amount of Each Disb. this Period 500.00 |
| F. Full Name, Mailing Address and Zip Code Burr for Congress P.O. Box 5732 Winston-Salem, NC 27113 | Purpose of Disbursement Richard M. Burr, U.S. HOUSE 5th NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998 | Date (Month day, Year) 11/07/97 | Amount of Each Disb. this Period 1,500.00 |
| G. Full Name, Mailing Address and Zip Code Mikulski for Senate Committee P.O. Box 13147 Baltimore, MD 21203 | Purpose of Disbursement Barbara A. Mikulski, U.S. SENATE MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998 | Date (Month day, Year) 11/25/97 | Amount of Each Disb. this Period 1,000.00 |
| H. Full Name, Mailing Address and Zip Code Franks for Congress 219 South St., Suite 203 New Providence, NJ 07974 | Purpose of Disbursement Bob Franks, U.S. HOUSE 7th NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998 | Date (Month day, Year) 11/25/97 | Amount of Each Disb. this Period 1,000.00 |
| I. Full Name, Mailing Address and Zip Code Maloney for Congress 301 Main Street, Ste 300 Danbury, CT 06810 | Purpose of Disbursement Jim Maloney, U.S. HOUSE 5th CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998 | Date (Month day, Year) 11/25/97 | Amount of Each Disb. this Period 500.00 |

| | |
|---|-----------------|
| SUB TOTAL of Disbursements this page (Optional).....> | 7,500.00 |
| TOTAL this Period (Last page this line number only).....> | |

SCHEDULE B ITEMIZED DISBURSEMENTS

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

| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day, Year) | Amount of Each Disb. this Period |
|--|---|------------------------|----------------------------------|
| Mark Green for Congress P.O. Box 13103 Green Bay, WI 54307 | Mark Green, U.S. HOUSE 8th WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998 | 11/25/97 | 500.00 |
| Howard Feinberg for Congress 409 Blubird Drive Russell, KY 41169 | Howard Feinberg, U.S. HOUSE WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998 | 11/25/97 | 500.00 |
| C. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Date (Month day, Year) | Amount of Each Disb. this Period |
| D. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Date (Month day, Year) | Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period |

SUB TOTAL of Disbursements this page (Optional) > 1,000.00

TOTAL this Period (Last page this line number only) > 8,500.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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