

# 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		
CITY, STATE and ZIP CODE Bethesda, MD 20814-1698		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

## 4. TYPE OF REPORT

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

Monthly Report Due On:

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

Twelfth day report preceding \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

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

(b) Is this Report an Amendment?  YES  NO

## SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/01/97</u> through <u>10/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 99,361.41
(b) Cash on Hand at Beginning of Reporting Period	\$ 204,047.22	
(c) Total Receipts (from line 19)	\$ 13,703.00	\$ 245,438.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 217,750.22	\$ 344,800.01
7. Total Disbursements (from Line 30)	\$ 29,500.00	\$ 156,549.79
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 188,250.22	\$ 188,250.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name Of Treasurer

John R. Carson

Signature of Treasurer

*John R. Carson*

Date

11/7/97

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

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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 <b>APMA Podiatry Political Action Committee</b>		REPORT COVERING PERIOD	
		FROM: <b>10/01/97</b>	TO: <b>10/31/97</b>
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (Use Schedule A).....		5,862.00	93,872.00
ii. Unitemized.....		7,841.00	142,486.80
iii. Total.....	(add i and ii) >	13,703.00	236,358.80
b. Political Party Committees.....		0.00	0.00
c. Other Political Committees (such as PACs).....		0.00	0.00
d. Total Contributions.....	(add aii, b and c) >	13,703.00	236,358.80
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.).....		0.00	9,079.80
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) >	13,703.00	245,438.60
20. Total Federal Receipts.....	(subtract line 18 from line 19) >	13,703.00	245,438.60
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share.....		0.00	0.00
ii. Non-Federal Share.....		0.00	0.00
b. Other Federal Operating Expenditures.....		0.00	1,049.79
c. Total Operating Expenditures.....	(Add a, ai, and bi) >	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.....		29,500.00	155,500.00
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 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	29,500.00	156,549.79
31. Total Federal Disbursements.....	(Subtract line 21 aii from line 30) >	29,500.00	156,549.79
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (Other than loans) (from line 11d).....		13,703.00	236,358.80
33. Total Contribution Refunds (from line 28d).....		0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....		13,703.00	236,358.80
35. Total Federal Operating Expenditures.....	(add 21 ai and 21 bi) >	0.00	1,049.79
36. Offsets to Operating Expenditures (from line 15).....		0.00	0.00
37. Net Operating Expenditures.....	(subtract line 36 from 35) >	0.00	1,049.79

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>Kevin Schneider DPM</b> 1450 Hanes Rd. #C Beavercreek, OH 45434-6565	<b>Self employed</b> Occupation Podiatrist	10/03/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		300.00
<b>Dale S. Brink DPM</b> 16137 S. Park Ave. South Holland, IL 60473	<b>South Holland Foot &amp; Ankle Center</b> Occupation Podiatrist	10/03/97	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		300.00
<b>Andrew Wahl DPM</b> 1960 Essington Rd. #103 Joliet, IL 60435-1628	<b>Essington Podiatry Group</b> Occupation Podiatrist	10/06/97	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		325.00
<b>Tahnya R. Jones Rooney DPM</b> 2618 S. Ridgeland Ave. Berwyn, IL 60402	<b>Ridgeland Podiatry, Ltd.</b> Occupation Podiatrist	10/06/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
<b>Rex Smith DPM</b> 1060 Chamber Street Eugene, OR 97402-3745	<b>Self employed</b> Occupation Podiatrist	10/07/97	299.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		299.50
<b>Todd R. Hovermale DPM</b> 215 W. 19th St. P.O. Box 2272 Anderson, IN 46016-4204	<b>Family Foot Clinic</b> Occupation Podiatrist	10/08/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
<b>Todd Monroe DPM</b> 411 S. Second St. Aberdeen, SD 57401-4123	<b>Northern Plains Family Foot Clinic</b> Occupation Podiatrist	10/10/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		300.00

SUB TOTAL of Receipts This Page (Optional).....>	1,224.50
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	OF
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NAME OF COMMITTEE (in full)  
**APMA Podiatry Political Action Committee**

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Carl E. Sharp DPM</b> <b>37 E. Wilson Bridge Rd.</b> <b>Worthington, OH 43085-2301</b>	<b>Name of Employer</b> <b>Worthington Podiatric Associates</b>	<b>Date (Month day, Year)</b> <b>10/14/97</b>	<b>Amount of Each Receipt this Period</b>  <b>225.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Robert Sampson DPM</b> <b>440 N.W. Division St.</b> <b>Gresham, OR 97030-5506</b>	<b>Name of Employer</b> <b>Suburban Medical Clinic</b>	<b>Date (Month day, Year)</b> <b>10/14/97</b>	<b>Amount of Each Receipt this Period</b>  <b>300.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Mark M. Schilansky DPM</b> <b>35 Five Mile Woods Rd.</b> <b>Catskill, NY 12414-5921</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>10/14/97</b>	<b>Amount of Each Receipt this Period</b>  <b>62.50</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>375.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Lawrence A. Santi DPM</b> <b>240 E. Fifth St.</b> <b>Brooklyn, NY 11218-2404</b>	<b>Name of Employer</b> <b>Self employed</b>	<b>Date (Month day, Year)</b> <b>10/14/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>E. Full Name, Mailing Address and Zip Code</b> <b>David C. Cavallaro DPM</b> <b>7370 S. Walker Ave.</b> <b>Oklahoma City, OK 73139-7628</b>	<b>Name of Employer</b> <b>Self employed</b>	<b>Date (Month day, Year)</b> <b>10/17/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Michael K. Y. Chun DPM</b> <b>99-128 Aiea Heights Dr. #502</b> <b>Aiea, HI 96701-3938</b>	<b>Name of Employer</b> <b>Self employed</b>	<b>Date (Month day, Year)</b> <b>10/17/97</b>	<b>Amount of Each Receipt this Period</b>  <b>225.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>225.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Jeffrey Rewitzer DPM</b> <b>1576 Peck St.</b> <b>Muskegon, MI 49441-2547</b>	<b>Name of Employer</b> <b>Self employed</b>	<b>Date (Month day, Year)</b> <b>10/20/97</b>	<b>Amount of Each Receipt this Period</b>  <b>75.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>375.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>SUB TOTAL of Receipts This Page (Optional).....&gt;</b>			<b>1,387.50</b>
<b>TOTAL this Period (Last page this line number only).....&gt;</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Jeffrey Paul Muba DPM</b> <b>506 E. Cheves St. #202</b> <b>Florence, SC 29506-2624</b>	<b>Name of Employer</b> <b>Carolina Health Care</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>10/20/97</b>	<b>Amount of Each Receipt this Period</b>  <b>200.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>400.00</b>		
<b>B. Full Name, Mailing Address and Zip Code</b> <b>John Guadara DPM</b> <b>835 Main St.</b> <b>Hackensack, NJ 07601</b>	<b>Name of Employer</b> <b>Self employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>10/20/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>C. Full Name, Mailing Address and Zip Code</b> <b>John H. Bonk DPM</b> <b>13221 Ravenna Rd. #12</b> <b>Chardon, OH 44024-9016</b>	<b>Name of Employer</b> <b>Self employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>10/23/97</b>	<b>Amount of Each Receipt this Period</b>  <b>300.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>		
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Dennis M. Haggerty DPM</b> <b>431 Summit St. #102</b> <b>Elgin, IL 60120-3861</b>	<b>Name of Employer</b> <b>Summit Green Podiatry Center</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>10/27/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Daniel Zabari DPM</b> <b>13330 Eureka Rd.</b> <b>Southgate, MI 48195-1310</b>	<b>Name of Employer</b> <b>Self employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>10/27/97</b>	<b>Amount of Each Receipt this Period</b>  <b>500.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>500.00</b>		
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Harry J. Casson DPM</b> <b>616 W. Lamar Alexander Pkwy.</b> <b>Maryville, TN 37801-3904</b>	<b>Name of Employer</b> <b>Self employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>10/28/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>G. Full Name, Mailing Address and Zip Code</b> <b>David K. Crnshaw DPM</b> <b>1155 Pocatello Creek Rd.</b> <b>Pocatello, ID 83201-2949</b>	<b>Name of Employer</b> <b>Valley Foot &amp; Ankle</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>10/28/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>SUB TOTAL of Receipts This Page (Optional).....&gt;</b>			<b>2,000.00</b>
<b>TOTAL this Period (Last page this line number only).....&gt;</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>Ronald J. Solitto DPM</b> 289 Market St. Saddle Brook, NJ 07663-6026	<b>Self employed</b>	10/28/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	450.00
<b>Rick Siegel DPM</b> 2759 Elizabeth Lake Rd. #101 Waterford, MI 48328-3214	<b>Self employed</b>	10/31/97	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>Jerome E. Reeves DPM</b> 205-07 Hillside Ave. #15 Hollis, NY 11423-2220	<b>Franchill Foot Care</b>	10/31/97	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>David B. Alper DPM</b> 1 Oak Ave. Belmont, MA 02178-2751	<b>Self employed</b>	10/31/97	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>Michael Z. Fein DPM</b> 8 School #8 Bethel, CT 06801-1846	<b>Self employed</b>	10/31/97	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
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).....>	1,250.00
TOTAL this Period (Last page this line number only).....>	5,862.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 5  
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 Disb. this Period
<b>The Evan Bayh Committee</b> One North Capitol Ave., Ste 200 Indianapolis, IN 46204	<b>Evan Bayh, U.S. SENATE IN</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/29/97	1,000.00
<b>Texans for Henry Bonilla</b> 15643 Cloud Top San Antonio, TX 78248	<b>Henry Bonilla, U.S. HOUSE 23rd TX</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/29/97	500.00
<b>Roswell for Congress</b> 1401 N. Jefferson Indianola, IA 51025	<b>Leonard L. Boswell, U.S. HOUSE 3rd IA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/31/97	500.00
<b>Citizens for Bunning</b> Suite 180 1717 Dixie Highway Ft. Wright, KY 41011	<b>Jim Bunning, U.S. HOUSE 4th KY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/29/97	1,000.00
<b>Burr for Congress</b> P.O. Box 5732 Winston-Salem, NC 27113	<b>Richard M. Burr, U.S. HOUSE 5th NC</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	1,500.00
<b>Ben Cardin for Congress</b> 20 S. Charles St. 10th Floor Baltimore, MD 21201	<b>Benjamin L. Cardin, U.S. HOUSE 3rd MD</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/31/97	500.00
<b>Craig for U.S. Senate</b> P.O. Box 2754 Boise, ID 83701	<b>Larry E. Craig, U.S. SENATE ID</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/03/97	1,000.00
<b>Cubin for Congress</b> P.O. Box 4657 Casper, WY 82604	<b>Barbara Cubin, U.S. HOUSE AL WY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/03/97	500.00
<b>A Lot of People Supporting Tom Daschle</b> P.O. Box 1656 Sioux Falls, SD 57101	<b>Tom Daschle, U.S. SENATE SD</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/31/97	1,000.00

SUB TOTAL of Disbursements this page (Optional).....>	7,500.00
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	OF
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FOR LINE NUMBER		23

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NAME OF COMMITTEE (in Full)  
**APMA Industry Political Action Committee**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Deal for Congress</b> P.O. Box 902 Gainesville, GA 30503	<b>Nathan Deal, U.S. HOUSE 9th GA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/03/97	500.00
<b>Diana DeGette for Congress</b> P.O. Box 61337 Denver, CO 80206	<b>Diana DeGette, U.S. HOUSE 1st CO</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/31/97	500.00
<b>Bob Etheridge for Congress Committee</b> Post Office Drawer 1059 Lillington, NC 27546	<b>Bob Etheridge, U.S. HOUSE 2nd NC</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/02/97	500.00
<b>Martin Frost Campaign Committee</b> P.O. Box 4219 Dallas, TX 75208	<b>Martin Frost, U.S. HOUSE 24th TX</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/03/97	500.00
<b>Friends of Newt Gingrich</b> 1085 Holcomb Bridge Roswell, GA 30007	<b>Newt Gingrich, U.S. HOUSE 6th GA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/02/97	1,000.00
<b>Senator Gette Green Congressional Campaign</b> P.O. Box 16128 Houston, TX 77222	<b>Gene Green, U.S. HOUSE 29th TX</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/03/97	500.00
<b>Committee to Elect Dr. Steve Henry</b> P.O. Box 4425 Louisville, KY 40204	<b>Steve Henry, U.S. SENATE KY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	1,000.00
<b>Hoyer for Congress</b> 7905 Malcolm Rd. Ste. 102 Clinton, MD 20735	<b>Stony H. Hoyer, U.S. HOUSE 5th MD</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/03/97	500.00
<b>Friends of Sam Johnson</b> P.O. Box 516145 Dallas, TX 75251	<b>Sam Johnson, U.S. HOUSE 3rd TX</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/31/97	500.00

SUB TOTAL of Disbursements this page (Optional).....	5,500.00
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

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3	5
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 Disb. this Period
<b>KAPTUR FOR CONGRESS</b> 1841 DORIFY RD TOLEDO, OH 43615	<b>Marcy Kaptur, U.S. HOUSE 9th OH</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/29/97	1,000.00
<b>Kennedy for Senate</b>	<b>Edward M. Kennedy, U.S. SENATE MA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 2000	10/31/97	1,000.00
<b>Kerrey for U.S. Senate</b> 7602 Pacific Street Lower Level B Omaha, NE 68114	<b>Bob Kerrey, U.S. SENATE NE</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/20/97	1,500.00
<b>Elect Kucinich to Congress Committee</b> 10674 Lorain Avenue Cleveland, OH 44111	<b>Dennis J. Kucinich, U.S. HOUSE 10th OH</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/31/97	500.00
<b>Lampson for Congress</b> P.O. Box 21578 Beaumont, TX 77720	<b>Nick Lampson, U.S. HOUSE 9th TX</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/29/97	500.00
<b>Lazio For Congress</b> 70 Bayway Avenue Brightwaters, NY 11718	<b>Rick A. Lazio, U.S. HOUSE 2nd NY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/29/97	500.00
<b>Luther for Congress Volunteer Committee</b> 4009 Tenth Avenue North Anoka, MN 55303	<b>William P. "Bill" Luther, U.S. HOUSE 6th MN</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	500.00
<b>Friends of Jim McDermott</b> 710 9th St. SE Washington, DC 20003	<b>Jim McDermott, U.S. HOUSE 7th WA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/03/97	500.00
<b>Carol Moseley Braun for U.S. Senate</b> 819 E. Wabash Ave, Ste 505 Chicago, IL 60605	<b>Carol Moseley-Braun, U.S. SENATE IL</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/31/97	1,000.00

SUB TOTAL of Disbursements this page (Optional)..... > 7,000.00

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
<b>Pallone for Congress</b> 540 Broadway Long Branch, NJ 07410	<b>Frank Pallone, U.S. HOUSE 6th NJ</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	500.00
<b>Don Payne for Congress</b> PO Box 2406 Newark, NJ 07114	<b>Donald M. Payne, U.S. HOUSE 10th NJ</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/29/97	500.00
<b>Porter for Congress Committee</b> Suite 201 910 Skokie Blvd. Northbrook, IL 60062	<b>John Porter, U.S. HOUSE 10th IL</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/03/97	1,000.00
<b>Committee For Loretta Sanchez</b> 1209 N SPURGEON STREET SANTA ANA, CA 92701	<b>Loretta Sanchez, U.S. HOUSE 46th CA</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) Us House-Recount	10/29/97	500.00
<b>Ike Skelton For Congress Committee</b> P.O. Box A Harrisonville, MO 64701	<b>Ike Skelton, U.S. HOUSE 4th MO</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	500.00
<b>Louise Slaughter Re-Election Committee</b> 10th Floor One Exchange St. Rochester, NY 14614	<b>Louise M. Slaughter, U.S. HOUSE 28th NY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	500.00
<b>Friends of Lydia Spottswood for Congress</b> 7921 22nd Avenue Kenosha, WI 53143	<b>Lydia Spottswood, U.S. HOUSE 1st WI</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	500.00
<b>Stupak for Congress</b> P.O. Box 143 Menominee, MI 49858	<b>Bart Stupak, U.S. HOUSE 1st MI</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	500.00
<b>Thornberry for Congress</b> P.O. Box 9392 Amarillo, TX 79105	<b>William "Mac" Thornberry, U.S. HOUSE 13th TX</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/31/97	500.00

SUB TOTAL of Disbursements this page (Optional).....>	5,000.00
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
Jim Turner for Congress P.O. Box 780 Crockett, TX 75885	Jim Turner, U.S. SENATE TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/29/97	500.00
B. Full Name, Mailing Address and Zip Code The Weygand Committee P.O. Box 28045 Providence, RI 02908	Bob Weygand, U.S. HOUSE 2nd RI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/31/97	500.00
C. Full Name, Mailing Address and Zip Code Whitfield for Congress Committee 200 E. 9th Street Hopkinsville, KY 42240	Edward Whitfield, U.S. HOUSE 1st KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/03/97	500.00
D. Full Name, Mailing Address and Zip Code Mike Wilson for Congress Committee P.O. Box 1224 Orangeburg, SC 29116	Mike Wilson, U.S. HOUSE 6th SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/06/97	2,500.00
E. Full Name, Mailing Address and Zip Code Wineke for Congress 412 Edward Street Verona, WI 53593	Joe Wineke, U.S. HOUSE WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/31/97	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each 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).....>	4,500.00
TOTAL this Period (Last page this line number only).....>	29,500.00

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 <i>10-15-97</i>
<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>JES</i> PREPARER	<i>10-19-97</i> DATE PREPARED