



AMERICAN PODIATRIC MEDICAL ASSOCIATION, INC.

February 23, 1998

Edward D. Ryan
Reports Analyst
Federal Election Commission
Washington, DC

Dear Mr. Ryan:

Enclosed is the January 1998 FEC report for the American Podiatric Medical Association Podiatry PAC. We have had a delay in producing the report because of changes in our software program. You will note that the font is too small, and we are still working on that problem. As soon as it is corrected I will forward a copy of the report with a larger font type.

Thanks for bearing with us.

Sincerely,

Faye B. Frankfort

RECEIVED
FEDERAL ELECTION
COMMISSION
FEB 24 11 34 AM '98

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION FEB 24 11 34 AM '98

USE FED MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) APMA Podiatry Political Action Committee		2. FEC IDENTIFICATION NUMBER C00088888
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	01/01/98 through 01/31/98		
6. (a) Cash on Hand January 1, 19__98			\$ 187,943.14
(b) Cash on Hand at Beginning of Reporting Period		\$ 187,943.14	
(c) Total Receipts (from Line 19)		\$ 38,604.88	\$ 38,604.88
(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 899 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 <i>John R. Carson</i>		Date 2-23-98	

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

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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 Poultry Political Action Committee	REPORT COVERING PERIOD		
	FROM 01/01/98 COLUMN A Total This Period	TO: 01/31/98 COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	21,025.00	21,025.00	11(a)(i)
ii. Unitemized	16,757.00	16,757.00	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 iii, 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
B. 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. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	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

PAGE 10 OF 10
FOR LINE NUMBER

11a1

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

NAME OF COMMITTEE (In Full)

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert C. Frazzetta DPM 3312 N. Jannay 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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard L. Grant DPM 35622 Green St. New Baltimore, MI 48047-2536	Self employed	01/08/98	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
Sheldon Wilkins DPM 2851 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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Douglas Sornall DPM 5100 N. Brookline Oklahoma City, OK 73112-3609	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 > \$ 600.00	

SUBTOTAL of Receipts This Page (optional)	2,250.00
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 11a.i

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NAME OF COMMITTEE (in Full)

APMA Podiatry Political Action Commitee

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 4385 Midmost Dr. Mobile, AL 36609 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self employed Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	01/13/98	250.00
David B. Arkin DPM 456 Maple St. #2 Big Flats, NY 14814 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self employed Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	01/13/98	250.00
Christopher Yee DPM 50 S. Beretania St. #C111 Honolulu, HI 96813-2222 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hawaii Foot Clinic Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	01/14/98	250.00
Harvey D. Lederman DPM 836 Farmington Ave. #105 West Hartford, CT 06119-1544 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	West Hartford Podiatry Associates Occupation Podiatrist Aggregate Year-to-Date > \$ 550.00	01/14/98	550.00
Marc Lederman DPM 836 Farmington Ave. #105 West Hartford, CT 06118-1544 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	West Hartford Podiatry Associates Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00	01/14/98	500.00
R. Daniel Davis DPM 2409 Main St. Bridgeport, CT 06606-5324 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self employed Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	01/14/98	250.00
John F. D'Amico DPM 187 N. Main St. Wallingford, CT 06482-3721 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self employed Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	01/14/98	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 8 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 06062-3844	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 Nader 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 1250 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 Brewer DPM 817 E. 86th 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. Hinton 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

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

PAGE 10 OF 10
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

DPMS 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 Schwarzenraub 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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Roberson, Jr. DPM 640 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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard S. Jason DPM 1808 University Blvd. S. Jacksonville, FL 32216-8931	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janis R. D'Angelo DPM 1368 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)	

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 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):	Name of Employer Self employed	Date (month, day, year) 01/21/98	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code Richard S. Weinbaum DPM 206 Gatewood Ave. High Point, NC 27282-1820 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Family Foot Health Center, P.A.	Date (month, day, year) 01/21/98	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Barry Salfran 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	Date (month, day, year) 01/21/98	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Thomas S. Godfryd DPM 2012 Eighth Ct. 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.	Date (month, day, year) 01/21/98	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code David R. Wuerzler DPM 1550 E. Main St. Dothan, AL 36301-3012 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed	Date (month, day, year) 01/23/98	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Jay D. Lifshen DPM Irving Medical Bldg. 2001 N. MacArthur Blvd., #300 Irving, TX 75061-2253 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Southwest Podiatry Associates, P.A.	Date (month, day, year) 01/23/98	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code 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	Date (month, day, year) 01/23/98	Amount of Each Receipt this Period 225.00
	Occupation Podiatrist Aggregate Year-to-Date > \$ 225.00		

SUBTOTAL of Receipts This Page (optional)	2,325.00
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 5 OF 10
FOR LINE NUMBER 11a i

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NAME OF COMMITTEE (in Full)

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick J. Ginney DPM 7210 Turfway Rd. Lower Lvl. Florence, KY 41042-1895	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chris C. Panagoulas DPM 3 Water St #101 Nashua, NH 03060-3314	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas M. Domanick DPM 1708 Boston Ave. Bridgeport, CT 06810-2807	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A. Armsbrong DPM 342A Gifford St. Falmouth, MA 02540-2848	Falmouth Podiatry	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Seth A. Rubenstein DPM 2579 John Milton Dr. #120 Herndon, VA 22071-2600	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark S. Veres DPM 4192 Carmichael Rd. Montgomery, AL 36105-3604	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 10
FOR LINE NUMBER 11a-i

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
Douglas A. O'Hair DPM 141 Silver St. Waterville, ME 04901-5838	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 3300 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 3535 30th Ave. #203 Kenosha, WI 53144-1051	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 Raugellis DPM 1875 E. High St. Waynesburg, PA 15370-9587	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 > \$	800.00	
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. Waynesburg, PA 15370-9587	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. Kissel DPM 29432 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 Detailed Summary Page

PAGE 8 OF 10
FOR LINE NUMBER 11 a 1

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 committees.

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 Shamko DPM 19453 Highway 78 #A Davidson, NC 28038	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Chris M. Olenach DPM 3976 Dix Rd. Lincoln Park, MI 48148-8940	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brian W. Cornell DPM 65 Memorial Blvd. Newport, RI 02840-3879	Self employed	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas R. Kemp DPM 1747 Sherman Ave. #100 Green Bay, WI 54303-2251	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
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

PAGE 0 OF 10
FOR LINE NUMBER 11a1

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

NAME OF COMMITTEE (in Full)

APWA 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 Saltzman DPM 3003 N. Broadway Anderson, IN 46012-1231	Saltzman 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		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Kiefer 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		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stuart A. Courtney DPM 2524 E. Hallandale Beach Blvd. Hallandale, FL 33008-4817	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		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen M. Meritt DPM 431 W. Eighth St. Jacksonville, FL 32206-4332	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		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Berney 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		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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

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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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis R. Frisch DPM 30 S.E. Seventh St. Boca Raton, FL 33432-8134	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Albert R. Brown DPM 5800 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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roberta Giudice-Teller DPM 118 S.W. Fourth Ave. Gainesville, FL 32601-8554	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. F. Eckerlein DPM 4850 N. Ninth Ave. Pensacola, FL 32509-2447	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John R. Haizer DPM 915 N.W. 66th Terr. Gainesville, FL 32605-8408	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 4 OF 17
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

APMA Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Brokerage Firm Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Brokerage Firm</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 822.99</p>	<p>Date (month, day, year) 01/31/98</p>	<p>Amount of Each Receipt this Period 822.99</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>822.99</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>822.99</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 72

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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
Daniel K. Inouye '98 341 Bishop St. Ste 1801 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
B. Full Name, Mailing Address and ZIP Code 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
C. Full Name, Mailing Address and ZIP Code Crane for Congress Committee P.O. Box 8534 Rolling Meadows, IL 60008	Philip 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	500.00
D. Full Name, Mailing Address and ZIP Code 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
E. Full Name, Mailing Address and ZIP Code Hoyer for Congress 7906 Malcolm Rd. Ste. 102 Clinton, MD 20735	Steny H. Hoyer, U.S. HOUSE 5th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/15/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Bob Graham P.O. Box 381 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	01/28/98	1,000.00
G. Full Name, Mailing Address and ZIP Code 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	01/28/98	500.00
H. Full Name, Mailing Address and ZIP Code Deal for Congress P.O. Box 902 Gainesville, GA 30503	Nathan Deal, U.S. HOUSE 9th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/28/98	500.00
I. Full Name, Mailing Address and ZIP Code Maloney for Congress 301 Main Street, Ste 300 Denbury, CT 06810	Jim Maloney, U.S. HOUSE 6th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/28/98	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

21

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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 Roukema P.O. Box 625 Ridgewood, NJ 07451	Marge Roukema, U.S. HOUSE 5th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/26/98	500.00
C. Full Name, Mailing Address and ZIP Code Ryun for Congress 4006 S.W. Humpton Topeka, KS 66604	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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>2-24-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<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>Feb</i> PREPARER	<i>2-24-98</i> DATE PREPARED