

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

OCT 19 1 35 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

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

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

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

2. FEC IDENTIFICATION NUMBER
C00008830

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>09/01/98</u> through <u>09/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 187,943.14
(b) Cash on Hand at Beginning of Reporting Period	\$ 265,916.53	
(c) Total Receipts (from Line 19)	\$ 8,949.98	\$ 220,838.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 264,866.51	\$ 408,782.13
7. Total Disbursements (from Line 30)	\$ 37,040.23	\$ 180,955.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 227,826.28	\$ 227,826.28
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 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. Carson

Signature of Treasurer
John R. Carson

Date
10-15-98

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 Podiatry Political Action Committee	REPORT COVERING PERIOD		
	FROM 09/01/88	TO 09/30/88	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	2,150.00	84,775.00	11(a)(i)
ii. Unitemized	4,556.50	117,178.54	11(a)(ii)
iii. Total (add i and ii) >	7,706.50	211,953.54	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) >	7,706.50	211,953.54	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,244.48	8,885.45	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) >	8,949.98	220,838.99	19
20. Total Federal Receipts (subtract line 18 from line 19) >	8,949.98	220,838.99	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	40.23	155.85	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	40.23	155.85	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	550.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	37,000.00	180,250.00	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) >	37,040.23	180,955.85	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	37,040.23	180,955.85	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7,706.50	211,953.54	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,706.50	211,953.54	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	40.23	155.85	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	40.23	155.85	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **2**
FOR LINE NUMBER **1181**

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 J. Freel DPM 3011 Maina Quincy, IL 62301-4400	Self Employed	08/01/98	150.00
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
Geoffrey C. Bricker DPM 2828 N. National Ave. #H Springfield, MO 65803-4306	Self Employed	09/02/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Billy B. Westbrook DPM 2828 N. 4th St. Longview, TX 75805-5718	Self Employed	08/04/98	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
Kevin E. Whitton DPM 105 Redmond Rd. Rome, GA 30165-1635	Self Employed	09/04/98	200.00
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
James W. Gallagher DPM 1414 N. Fair Ave. #105 Marquette, MI 49855-2675	Self Employed	09/08/98	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
Alan L. Balkansky DPM 7201 W. Burreigh St. Milwaukee, WI 53210-1120	Self Employed	09/14/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Bellacosa DPM 14615 San Pedro Ave. #235 San Antonio, TX 78232-4316	San Antonio Podiatry Associates	08/14/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

1,600.00

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 2
FOR LINE NUMBER 11aj

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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
Diana Phalen DPM 1305 Wonderworld Dr. #304 San Marcos, TX 78666-7542	San Marcos Foot Clinic	09/17/98	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
Andrew C. Schink DPM 1580 Chambers St. #201 Eugene, OR 97402-3655	Self employed	09/21/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 600.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lisa Cornelius DPM 3640 N.W. Samaritan Dr. #180 Corvallis, OR 97330-3738	Self Employed	09/21/98	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
Vincent J. Hatherington DPM Ohio College of Pod. Med. 10515 Carnegie Ave. Cleveland, OH 44106-3018	Ohio College of Podiatric Medicine	09/23/98	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Neal A. Mozen DPM 18161 W. 13 Mile Rd. #D2 Southfield, MI 48076-1113	Self Employed	09/25/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Hayes Haley DPM 1601 Milltown Rd. #24 Wilmington, DE 19808-4047	Foot Care Group, P.A.	09/28/98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred L. Anderson DPM 6110 Mango Ave. #102 Fontana, CA 92335-3603	Self Employed	09/28/98	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)

1,560.00

TOTAL This Period (last page this line number only)

3,150.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

APMA Podiatry Political Action Committee

<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 > \$ 8,885.45</p>	<p>Date (month, day, year) 08/30/98</p>	<p>Amount of Each Receipt this Period 1,244.48</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>

SUBTOTAL of Receipts This Page (optional) 1,244.48

TOTAL This Period (last page this line number only) 1,244.48

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Volnovich for Senate Committee 25201 Chagrin Blvd Cleveland, OH 44122	George V. Volnovich, U.S. SENATE OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/02/98	1,000.00
Grassley Committee Inc. 5301 Wisconsin Ave. Washington, DC 20015	Charles E. Grassley, U.S. SENATE IA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/02/98	1,000.00
Citizens for Bunning Suite 180 1717 Dixie Highway Fl. Wright, KY 41011	Jim Bunning, U.S. HOUSE 4th KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/02/98	1,000.00
Rothman for Congress 177 Hudson St. Hackensack, NJ 07601	Steven R. Rothman, U.S. HOUSE 8th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/02/98	500.00
Ciro D. Rodriguez for Congress 363 W. Harding San Antonio, TX 78221	Ciro D. Rodriguez, U.S. HOUSE 26th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/02/98	500.00
Bacarra for Congress LHOB 1119 Washington, DC 20516	Xavier Bacarra, U.S. HOUSE 30th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/02/98	500.00
Citizens for Dave Obey Committee P.O. Box 1322 Wausau, WI 54402	David R. Obey, U.S. HOUSE 7th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/02/98	500.00
Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Bill Thomas, U.S. HOUSE 21st CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/02/98	1,000.00
Rob Andrews for Congress Committee 20 Brace Road Suite 200 Cherry Hill, NJ 08034	Robert E. Andrews, U.S. HOUSE 1st NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/02/98	500.00

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)
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PAGE 3 OF 6
FOR LINE NUMBER
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NAME OF COMMITTEE (in Full)

APMA PadBotry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People for Ganske 5807 Grand Ave. Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/02/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Lazio For Congress 70 Bayway Avenue Brightwaters, NY 11718	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/02/98	500.00
C. Full Name, Mailing Address and ZIP Code Re-Elect Nancy Johnson to Congress P.O. Box 196B New Britain, CT 06050	Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/02/98	1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Dave Weldon 1802 Willier Road, NW Palm Bay, FL 32907	Neil Abercrombie, U.S. HOUSE 1st HI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/02/98	500.00
E. Full Name, Mailing Address and ZIP Code Friends of Sam Johnson P.O. Box 518145 Dallas, TX 75251	Sam Johnson, U.S. HOUSE 3rd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/02/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Doug Ose for Congress P. O. Box 41649 Sacramento, CA 95841	Doug Ose, U.S. HOUSE 3rd CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/02/98	1,000.00
G. Full Name, Mailing Address and ZIP Code R. Gary Miller for Congress P.O. Box 4682 Diamond Bar, CA 91765	Gary G. Miller, U.S. HOUSE 41st CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/02/98	1,000.00
H. Full Name, Mailing Address and ZIP Code Scorsone for Congress 167 W. Main Street, Ste 804 Lexington, KY 40507	Erriesto Scorsone, U.S. HOUSE 6th KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/02/98	1,000.00
I. Full Name, Mailing Address and ZIP Code Ken Lucas for Congress 8100 Burlington Pike, Ste. 334 Florence, KY 41042	Ken Lucas, U.S. HOUSE 4th KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/02/98	500.00

SUBTOTAL 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 Disbursement This Period
Gex Williams for Congress 454 Commonwealth Ave. Erlanger, KY 41018	Gex Williams, U.S. HOUSE 4th KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/02/98	500.00
Hoozlers for Tim Roemer P.O. Box 4400 South Bend, IN 46634	Tim Roemer, U.S. HOUSE 3rd IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/11/98	500.00
Friends of Jerry Kleczka 3268 South 9th Street Milwaukee, WI 53215	Gerald D. Kleczka, U.S. HOUSE 4th WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/11/98	500.00
Gerald C "Jerry" Weller For Congress P.O. Box 687 Morris, IL 60450	Gerald C. "Jerry" Weller, U.S. HOUSE 11th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/11/98	500.00
Friends for Houghton P.O. Box 1107 Corning, NY 14830	Arno Houghton, U.S. HOUSE 31st NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/11/98	500.00
Lampson for Congress P.O. Box 21578 Beaumont, TX 77720	Nick Lampson, U.S. HOUSE 9th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/11/98	500.00
Diana DeGette for Congress P.O. Box 61337 Denver, CO 80205	Diana DeGette, U.S. HOUSE 1st CO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/11/98	500.00
Max Sandlin for Congress P.O. Box 1281 Marshall, TX 75671	Max Sandlin, U.S. HOUSE 1st TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/11/98	500.00
Norwood for Congress 3643 Walton Way Extension Augusta, GA 30909	Charlia Norwood, U.S. HOUSE 10th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/11/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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
Levin for Congress 30636 Dequindre Warren, MI 48092	Sander M. Levin, U.S. HOUSE 12th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/11/98	500.00
Darlene Hooley for Congress 6404 Felling St. West Linn, OR 97068	Darlene Hooley, U.S. HOUSE 5th OR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/11/98	1,000.00
Friends to Elect Scott Ferguson 200 South Rhodes Ste B West Memphis, AR 72801	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/14/98	-500.00
The Evan Bayh Committee One North Capitol Ave., Ste 200 Indianapolis, IN 46204	Evan Bayh, U.S. SENATE IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	1,500.00
Friends of Chris Dodd 11 Prospect Street Middletown, CT 06457	Christopher J. Dodd, U.S. SENATE CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/18/98	1,000.00
Mikulski for Senate Committee P.O. Box 13147 Baltimore, MD 21203	Barbara A. Mikuleki, U.S. SENATE MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	1,000.00
Campbell Victory Fund P.O. Box 480168 Denver, CO 80248	Sen Nighthorse Campbell, U.S. SENATE CO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	1,000.00
Luther for Congress Volunteer Committee 4009 Tenth Avenue North Anoka, MN 55303	William P. "Bill" Luther, U.S. HOUSE 6th MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	500.00
Committee For Loretta Sanchez 1209 N SPURGEON STREET SANTA ANA, CA 92701	Loretta Sanchez, U.S. HOUSE 46th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	500.00

SUBTOTAL of Disbursements This Page (optional)

6,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 6 FOR LINE NUMBER 23

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APMA Podiatry Political Action Committee

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Ted Strickland for Congress P.O. Box 1492 Portsmouth, OH 45562	Ted Strickland, U.S. HOUSE 6th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	1,000.00
Earl Pomeroy For Congress P.O. Box 746 Bismarck, ND 58502	Earl Pomeroy, U.S. HOUSE AL ND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	500.00
Texans for Henry Bonilla 15643 Cloud Top San Antonio, TX 78248	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	500.00
Hefley for Congress 2110 Hollow Brook Drive Colorado Springs, CO 80818	Joel Hefley, U.S. HOUSE 5th CO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	500.00
Lewis for Congress Committee P.O. Box 247 Redlands, CA 92373	Jerry Lewis, U.S. HOUSE 40th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	500.00
Bob Filner for Congress P.O. Box 127888 San Diego, CA 92112	Bob Filner, U.S. HOUSE 50th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/18/98	500.00
New Mexicans for Bill Redmond P.O. Box 5747 2580 Sawmill Rd. Suite D Santa Fe, NM 87502	Bill Redmond, U.S. HOUSE 3rd NM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	500.00
People for Patty Murray Box 3882 Seattle, WA 98124	Patty Murray, U.S. SENATE WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/25/98	1,000.00
John Breaux Senate Committee P.O. Box 4042 Baton Rouge, LA 70821	John B. Breaux, U.S. SENATE LA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/25/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)

6,000.00

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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 Disbursement This Period
Vic Snyder for Congress Committee 1020 West 3rd Little Rock, AR 72201	Vic Snyder, U.S. HOUSE 2nd AR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/25/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Boswell for Congress 1401 N. Jefferson Indianola, IA 51025	Leonard L. Boswell, U.S. HOUSE 3rd IA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/25/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Inlee for Congress 216 Main Street Suite 196 Kirkland, WA 98033	Robert Inlee, U.S. HOUSE 1st WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/25/98	1,000.00
D. 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/25/98	500.00
E. Full Name, Mailing Address and ZIP Code Peterson for Congress Route 3 Box 47H Detroit Lakes, MN 55602	Collin C. Peterson, U.S. HOUSE 7th MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/25/98	500.00
F. Full Name, Mailing Address and ZIP Code Deschamps For Congress P.O. Box 7555 Missoula, MT 59807	L. Deschamps, U.S. HOUSE AL MT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/25/98	500.00
G. Full Name, Mailing Address and ZIP Code America Works Committee 607 14th St., NW, Suite 800 Washington, DC 20005	 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/25/98	1,000.00
H. Full Name, Mailing Address and ZIP Code	 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	 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)

5,500.00


TOTAL This Period (last page this line number only)

37,000.00

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 10/16/98
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<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
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<input type="checkbox"/> Electronic Filing	
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