

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 15 12 50 PM '98

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

ADDRESS (number and street) Check if different than previously reported
8312 Old Georgetown Road

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

2. FEC IDENTIFICATION NUMBER
C00008822

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
5. Covering Period	05/01/98 through 05/31/98		
6. (a) Cash on Hand January 1, 19__98			\$ 187,949.14
(b) Cash on Hand at Beginning of Reporting Period		\$ 235,322.87	
(c) Total Receipts (from Line 19)		\$ 27,179.54	\$ 157,109.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 262,502.21	\$ 345,052.21
7. Total Disbursements (from Line 30)		\$ 14,000.00	\$ 95,550.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 248,502.21	\$ 248,502.21
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 contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-218-3420

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
4/7/98

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

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: 05/01/98	TO: 05/31/98	
		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)	12,875.00	71,875.00	11(a)(i)
ii.	Unitemized	19,370.00	81,398.00	11(a)(ii)
iii.	Total (add i and ii) >	26,248.00	152,375.00	11(b)
b.	Political Party Committees	0.00	0.00	11(c)
c.	Other Political Committees (such as PACs)	0.00	0.00	11(d)
d.	Total Contributions (add a ii, b and c) >	26,248.00	152,375.00	12
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	13
13.	All Loans Received	0.00	0.00	14
14.	Loan Repayments Received	0.00	0.00	15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	17
17.	Other Federal Receipts (Dividends, Interest, etc.)	931.54	4,734.07	18
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	27,179.54	157,109.07	20
20.	Total Federal Receipts (subtract line 18 from line 19) >	27,179.54	157,109.07	
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0.00	0.00	21(a)(i)
ii.	Non-Federal Share	0.00	0.00	21(a)(ii)
b.	Other Federal Operating Expenditures	0.00	0.00	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	560.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	14,000.00	96,000.00	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26.	Loan Repayments Made	0.00	0.00	26
27.	Loans Made	0.00	0.00	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b.	Political Party Committees	0.00	0.00	28(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29.	Other Disbursements	0.00	0.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	14,000.00	96,550.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	14,000.00	96,550.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	26,248.00	152,375.00	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	26,248.00	152,375.00	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 4 OF 7
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
Linda G. Calhoun DPM 2429 W. Commerce St. #A Ocean Springs, MS 39564	Self Employed	05/04/98	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Blackmar DPM 1601 Highland Ave. #E Burley, ID 83318	Self Employed	05/05/98	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James E. Lisle DPM 838 Oak St. S.E. #112 Salem, OR 97301-3809	Cascade Foot Center	05/25/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 550.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randy K. Kaplan DPM 25726 Coolidge Hwy. Oak Park, MI 48237	Associated Podiatrists, P.C.	05/12/98	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
Robert Cornfield DPM 1026 S. Washington Ave. Royal Oak, MI 48067-3218	Self Employed	05/12/98	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 275.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas D. Redmond DPM 333 Turwell Ln. Kalamazoo, MI 49006-4231	Kalamazoo Podiatry, P.C.	05/12/98	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
Alex L. Grad DPM 826 W. Market St. Lima, OH 45805-2742	Self Employed	05/12/98	475.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 475.00	

SUBTOTAL of Receipts This Page (optional)

2,000.00

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 7
FOR LINE NUMBER 1181

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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
Irvin O. Kanar DPM 29055 Ford Rd. Garden City, MI 48135-2847 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed	05/12/98	375.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 375.00		
Sanford R. Kanar DPM 24230 Karim Blvd. #140 Novi, MI 48375-2953 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed	05/12/98	375.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 375.00		
Orah Laurin DPM 26803 Ryan Rd. Warren, MI 48091-4075 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed	05/12/98	375.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 375.00		
William K. Rubin DPM 31046 Utica Rd. Fraser, MI 48026-2534 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed	05/12/98	375.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 375.00		
Marshall J. Sanfield DPM 6753 Cathedral Bloomfield Township, MI 48301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-Employed	05/12/98	800.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 600.00		
Stewart A. Surkoff DPM 395 E. Waterloo Rd. Akron, OH 44319-1218 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed	05/14/98	250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Nancy G. Rozran DPM 414 Hempstead Ave. Rockville Centre, NY 11570-2049 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed	05/14/98	250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) 2,600.00

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 11 OF 17
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

APMA Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code John A. Parent DPM 251 Elm St. #3 Claremont, NH 03743-2060</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 05/14/98</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Paul S. Schwartz DPM 1479 Ygnacio Valley Rd. #102 Walnut Creek, CA 94698-2845</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 05/14/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Kenneth F. Malkin DPM 528 Bloomfield Ave. Caldwell, NJ 07006-5525</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Caldwell Podiatry Center</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 05/14/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Daniel Zahari DPM 13230 Eureka Rd. Southgate, MI 48195-1310</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 05/14/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Thomas Vail DPM 1725 Western Ave. #C Findlay, OH 45840</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 05/14/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code William H. Latham, Jr. DPM 34 W. Second St. Ashland, OH 44805-2201</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 05/14/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code James M. Flynn DPM 5100 N. Brookline Ave. #375 Oklahoma City, OK 73112-3609</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 05/14/98</p>	<p>Amount of Each Receipt this Period 250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1,800.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 7
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Boysen DPM 3218 W. 116th St. Chicago, IL 60655-2805	Self Employed	05/14/98	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
Mark B. Saffer DPM 5050 Schaefer Rd. Dearborn, MI 48126-3200	Midwest Health Center	05/14/98	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
John E. Morehead DPM 6160 S. Yale Tulsa, OK 74135-1900	Self Employed	05/14/98	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
Steven E. Smith DPM 421 W. Washington Broken Arrow, OK 74012-6450	Delmont Foot & Ankle Center	05/14/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry J. Boykoff DPM 418 N. Bedford Dr. #305 Beverly Hills, CA 90210-4309	Beverly Hills Podiatry Associates	05/15/88	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
Evelyn Cloud DPM 8211 Mar Del Plata St. E. Jacksonville, FL 32256-7349	Self Employed	05/15/98	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
Stuart C. Steinberg DPM 3322 W. Magnolia Blvd. Burbank, CA 91505-2907	Burbank Foot Care Center	05/15/98	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) 2,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 7
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
John A. Lindholm DPM 6713 Odessa Rd. Madison, WI 53719-1052	Self Employed	06/19/98	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
John T. Saeva DPM 1814 Mission St Vicksburg, MS 39180-4802	Self Employed	05/19/98	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
Ross A. Leonard DPM 252B Clover St. Klamath, OR 97601	Self Employed	05/21/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Ann K. Plisk DPM 9110 Leesgate Rd. #3 Louisville, KY 40222-6053	Podiatric Physicians of Kentucky	05/22/98	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
Robert L. Russell DPM 1717 11th Ave. S. #402 Birmingham, AL 35205-4700	Podiatry Associates, P.C.	05/28/98	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
Andrew C. Schink DPM 1680 Chambers St. #201 Eugene, OR 97402-3855	Self employed	05/26/98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lisa Lips DPM 201 N. Washington Newberg, OR 97132-2821	Self Employed	05/26/98	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	

SUBTOTAL of Receipts This Page (optional)

2,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darrell Duane Prins DPM 3011 N.E. West Devils Lake Rd. Lincoln City, OR 97367	Lincoln County Foot Health Center	06/26/98	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Weldon R. Hess DPM 1205 N. Hunter St. Stockton, CA 95202-1409	Self Employed	05/28/98	125.00
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 Medaglia DPM 469 Broadway #200 Everett, MA 02149-3614	Everett Foot Care	05/28/98	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
Danuta Rezek DPM 365 Hemmingway Ave. East Haven, CT 06512-2384	East Haven Footcare Center	05/26/98	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
Gary L. Stano DPM 6024 N. Aidingbrooke Circle West Bloomfield, MI 48322	Self Employed	05/27/98	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Podiatrist	Aggregate Year-to-Date > \$ 600.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard W. Peffley DPM 1111 Liberty St. S.E. Salem, OR 97302-4142	Self Employed	06/27/98	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
Robert R. Bier DPM 15 Monica Dr. Edison, NJ 08820-8224	Self Employed	05/27/98	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)

1,875.00

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 1 OF 7
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code Marc A. Borovoy DPM 25725 Coolidge Hwy. Oak Park, MI 48237-1307 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Associated Podiatrist, P.C. Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/27/98	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	12,075.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

APMA Podiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code Brokerage Firm Advest Inc. 22 Waterville Rd. Avon, CT 06001-2008	Name of Employer Brokerage Firm Occupation Aggregate Year-to-Date > \$ 4,734.07	Date (month, day, year) 05/31/99	Amount of Each Receipt this Period 931.54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

931.54

TOTAL This Period (last page this line number only)

931.54

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 27

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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
The Judd Gregg Committee P.O. Box 754 Concord, NH 03302	Judd Gregg, U.S. SENATE NH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/05/98	1,000.00
Citizens for Arlen Specter 1998 111 S. 15th St. Philadelphia, PA 19102	Arlen Specter, U.S. SENATE PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/05/98	1,000.00
Bob Brady for Congress One Logan Square Suite 2929 Philadelphia, PA 19103	Robert A. Brady, U.S. HOUSE 1st PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/05/98	500.00
Murkowski '98 P.O. Box 240468 Anchorage, AK 99524	Frank H. Murkowski, U.S. SENATE AK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/08/98	500.00
Friends of Byron Dorgan P.O. Box 671 Bismark, ND 58502	Byron L. Dorgan, U.S. HOUSE AL ND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/08/98	1,000.00
A Lot of People Supporting Tom Daschle P.O. Box 1656 Sioux Falls, SD 57101	Tom Daschle, U.S. SENATE SD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/08/98	1,500.00
John Breaux Senate Committee SH 516 Washington, DC 20510	John B. Breaux, U.S. SENATE LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/08/98	1,500.00
Friends of John Peterson P.O. Box 296 Pleasantville, PA 16341	John E. Peterson, U.S. HOUSE 5th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/08/98	500.00
Mike Bilirakis for Congress P.O. Box 1077 Tarpon Springs, FL 34888	Michael Bilirakis, U.S. HOUSE 9th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/08/98	500.00

SUBTOTAL of Disbursements This Page (optional)

8,000.00

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

PAGE 2 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

APMA Poetry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pallone for Congress 540 Broadway Long Branch, NJ 07410	Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/14/98	500.00
B. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 301 Main Street, Ste 300 Danbury, CT 06810	Jim Maloney, U.S. HOUSE 5th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/14/98	500.00
C. Full Name, Mailing Address and ZIP Code Kildee For Congress P.O. Box 317 Flint, MI 48501	Dede E. Kildee, U.S. HOUSE 9th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/14/98	500.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF CAROLYN MCCARTHY 161 LINDEN ROAD MINEOLA, NY 11501	Carolyn McCarthy, U.S. HOUSE 4th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/29/98	500.00
E. Full Name, Mailing Address and ZIP Code Friends of Ferr Committee Suite 350 389 Capitol Mall Sacramento, CA 95814	Sam Ferr, U.S. HOUSE 17th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/29/98	500.00
F. Full Name, Mailing Address and ZIP Code ELLEN TAUSCHER FOR CONGRESS 5811 HIGHLAND ROAD PLEASANTON, CA 94588	Ellen D. Tauscher, U.S. HOUSE 10th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/29/98	500.00
G. Full Name, Mailing Address and ZIP Code 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	05/29/98	1,000.00
H. Full Name, Mailing Address and ZIP Code Earl Pomeroy For Congress P.O. Box 746 Bismarck, ND 58502	Earl Pomeroy, U.S. HOUSE AL ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/29/98	500.00
I. 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/29/98	500.00

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
Louise Slaughter Re-Election Committee 10th Floor One Exchange St. Rochester, NY 14614	Louise M. Slaughter, U.S. HOUSE 28th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	05/28/98	500.00
B. 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	05/28/98	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Date (month, day, year)	Amount of Each 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)	1,000.00
TOTAL This Period (last page this line number only)	14,000.00

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 6-12-98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	6-15-98 DATE PREPARED