

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 20 1 04 PM '96

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

4. TYPE OF REPORT

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

Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

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

Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/96</u> through <u>01/31/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 73,570.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 73,570.68	
(c) Total Receipts (from line 19)	\$ 13,455.00	\$ 13,455.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 87,025.68	\$ 87,025.68
7. Total Disbursements (from Line 30)	\$ 11,439.87	\$ 11,439.87
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 75,585.81	\$ 75,585.81
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

I Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and Complete

Type or Print Name Of Treasurer
John R. Carson

Signature of Treasurer *John R. Carson* Date 2-16-96

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

9303030307

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised 11/1/91

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NAME OF COMMITTEE	Report Covering Period FROM: 01/01/96 TO: 01/31/96	COLUMN A	COLUMN B
		Total This Period	Calendar Year
NAME OF COMMITTEE: Rodlary Political Action Committee			
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees:			
i. Itemized (Use Schedule A).....	7,550.00	7,550.00	
ii. Unitemized.....	5,905.00	5,905.00	
iii. Total..... (add i and ii) >	13,455.00	13,455.00	
b. Political Party Committees.....	0.00	0.00	
c. Other Political Committees (such as PACs).....	0.00	0.00	
d. Total Contributions..... (add aii, b and c) >	13,455.00	13,455.00	
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00	
13. All Loans Received.....	0.00	0.00	
14. Loan Repayments Received.....	0.00	0.00	
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00	
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00	
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00	
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	13,455.00	13,455.00	
20. Total Federal Receipts..... (subtract line 18 from line 19) >	13,455.00	13,455.00	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share.....	0.00	0.00	
ii. Non-Federal Share.....	0.00	0.00	
b. Other Federal Operating Expenditures.....	377.37	377.37	
c. Total Operating Expenditures..... (Add aii, and b) >	377.37	377.37	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9,000.00	9,000.00	
24. Independent Expenditures (use Schedule E).....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441ald) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00	
b. Political Party Committees.....	0.00	0.00	
c. Other Political Committees (Such As PACs).....	0.00	0.00	
d. Total Contribution Refunds..... (Add a, b, and c) >	0.00	0.00	
29. Other Disbursements.....	2,062.50	2,062.50	
30. Total Disbursements..... (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	11,439.87	11,439.87	
31. Total Federal Disbursements..... (Subtract line 21 aii from line 30) >	11,439.87	11,439.87	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (Other than loans) (from line 11d).....	13,455.00	13,455.00	
33. Total Contribution Refunds (from line 28d).....	0.00	0.00	
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	13,455.00	13,455.00	
35. Total Federal Operating Expenditures..... (add 21 a and 21 b) >	377.37	377.37	
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00	
37. Net Operating Expenditures..... (subtract line 36 from 35) >	377.37	377.37	

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
George Tsoutsouris 9105-A Indianapolis Blvd. Suite 102 Highland, IN 46322-2504	Self-Employed Occupation Podiatrist	01/01/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Evelyn Cloud 2236 Park St. Jacksonville, FL 32204-4316	Self-Employed Occupation Podiatrist	01/04/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Nathan Sablo DPM 39 South St. Morristown, NJ 07960-4137	Self-Employed Occupation Podiatrist	01/16/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Sheila Brooks DPM 1808 Vineyard St. Bluefield, WV 24701-4026	Dr. Brooks Footcare Occupation Podiatrist	01/16/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Michael Marcus DPM 101 E. Beverly Blvd., #205 Montebello, CA 90640-4315	Self-Employed Occupation Podiatrist	01/16/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
Thomas Godfryd DPM 2012 Eighth Ct., S. Birmingham, AL 35205-2704	Birmingham Podiatry, P.C. Occupation Podiatrist	01/16/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Richard Grant DPM 36622 Green St. New Baltimore, MI 48047-2538	Self-Employed Occupation Podiatrist	01/16/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		

SUB TOTAL of Receipts This Page (Optional).....> **2,000.00**
TOTAL this Period (Last page this line number only).....>

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Matthew Garoufalos DPM 5301 S. Cicero Ave. Chicago, IL 60632-4916	Professional Foot Care Specialists Occupation Podiatrist	01/17/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Mark Veres DPM 4152 Carmichael Rd. Montgomery, AL 36106-3604	Self-Employed Occupation Podiatrist	01/17/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Thomas Broner DPM 333 Fourth Ave., N. Jacksonville Beach, FL 32250-5621	Self-Employed Occupation Podiatrist	01/18/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Joseph Klefer DPM 1901 N. Ninth Ave. Pensacola, FL 32503-4535	Gulf Coast Podiatry Occupation Podiatrist	01/18/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Joseph Strickland DPM 225 Second Ave., N. St. Petersburg, FL 33701-3317	Self-Employed Occupation Podiatrist	01/18/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Irwin Ayes DPM 5415 Park St., N., #C St. Petersburg, FL 33709-7062	Self-Employed Occupation Podiatrist	01/18/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Stuart Courtney DPM 2524 E. Hallandale Beach Blvd. Hallandale, FL 33009-4817	Self-Employed Occupation Podiatrist	01/18/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
SUB TOTAL of Receipts This Page (Optional).....>			1,750.00
TOTAL this Period (Last page this line number only).....>			

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Stephen Meritt DPM 431 W. Eighth St. Jacksonville, FL 32206-4332	Self-Employed	01/18/96	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
Barney Greenberg DPM 2651 Hollywood Blvd. Hollywood, FL 33020-4840	Podiatry Associates	01/18/96	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
James Steinficki DPM 1108 S. Highland Ave. Clearwater, FL 34616-4433	Self-Employed	01/18/96	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
John Heiser DPM 915 N.W. 56th Terrace Gainesville, FL 32605-6408	Gainesville Podiatry Associates	01/19/96	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
James Graham DPM 900 W. Temple St., Suite 207 Effingham, IL 62401-2187	Self-Employed	01/23/96	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
Jonathan Lubitz DPM 4365 Midmost Dr., Suite 2 Mobile, AL 36609-5523	Self-Employed	01/23/96	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
Richard Broofman DPM 1417 W. Sixth St. Little Rock, AR 72201-2901	Arkansas Foot Clinic	01/25/96	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
SUB TOTAL of Receipts This Page (Optional).....>			2,550.00
TOTAL this Period (Last page this line number only).....>			

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code Derick Hall DPM 13624 Hawthorne Blvd., #206 Hawthorne, CA 90250-5818		Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 01/25/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
B. Full Name, Mailing Address and Zip Code Karen Wrubel DPM 13624 Hawthorne Blvd., #206 Hawthorne, CA 90250-5818		Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 01/25/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
C. Full Name, Mailing Address and Zip Code Stephen Arbes DPM 1779 Main St. Green Bay, WI 54302-3250		Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 01/26/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
D. Full Name, Mailing Address and Zip Code John Calcaterra DPM 2012 Eighth Ct., S. Birmingham, AL 35205-2704		Name of Employer Birmingham Podiatry, P.C. Occupation Podiatrist	Date (Month day, Year) 01/29/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
E. Full Name, Mailing Address and Zip Code John Bensus DPM 4311 Chicot St. Pascagoula, MS 39581		Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 01/30/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
F. Full Name, Mailing Address and Zip Code		Name of Employer Occupation	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)		Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code		Name of Employer Occupation	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)		Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	1,250.00
TOTAL this Period (Last page this line number only).....>	7,550.00

SCHEDULE B ITEMIZED DISBURSEMENTS

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)
Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Smith Barney 280 Trumbull Street Hartford, CT 06103	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	01/31/96	377.37
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional)> 377.37

TOTAL this Period (Last page this line number only)> 377.37

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Dick Chrysler For Congress 8600 Hilton Road Brighton, MI 48116	Richard R. Chrysler, U.S. HOUSE 8th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/08/96	500.00
Committee to Re-Elect Michael Flanagan 350 N. LaSalle Street Suite 800 Chicago, IL 60610	Michael Patrick Flanagan, U.S. HOUSE 5th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/08/96	500.00
Friends of Senator Carl Levin P.O. Box 1857 Detroit, MI 48231	Carl Levin, U.S. SENATE MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/08/96	1,000.00
Stevens For Senate Committee P.O. Box 100879 Anchorage, AK 99510	Theodore Stevens, U.S. SENATE AK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/22/96	1,000.00
Bill Frist for Senate Suite 306 4205 Hillshoro Road Nashville, TN 37215	Bill Frist, U.S. SENATE TN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/22/96	1,000.00
Ben Cardin for Congress 20 S. Charles Street 10th Floor Baltimore, MD 21201	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/22/96	500.00
Friends of Connie Morella 7315 Wisconsin Ave. 450W Bethesda, MD 20814	Connie Morella, U.S. HOUSE 8th MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/29/96	500.00
Texans for Henry Bonilla 15643 Cloud Top San Antonio, TX 78248	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/29/96	1,000.00
Frank Riggs for Congress P.O. Box 590 Windsor, CA 95492	Frank D. Riggs, U.S. HOUSE 1st CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/29/96	1,000.00

SUB TOTAL of Disbursements this page (Optional).....	7,000.00
TOTAL this Period (Last page this line number only).....	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)
Pediatric Political Action Committee

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A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Nadler For Congress Committee 175 West 90th Street New York, NY 10024	Jerrold Lewis Nadler, U.S. HOUSE 8th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/29/96	500.00
Larry Bigham For Congress 1708 Ebenezer Road Rock Hill, SC 29732	Larry L. Bigham, U.S. HOUSE 5th SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	01/29/96	1,500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....	2,000.00
TOTAL this Period (Last page this line number only).....	9,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
California Podiatry PAC #200 2430 K Street Sacramento, CA 95816	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	01/29/96	2,062.50
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
SUB TOTAL of Disbursements this page (Optional).....>			2,062.50
TOTAL this Period (Last page this line number only).....>			2,062.50

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

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