

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20543

FEB 18 12 22 PM '97

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:

<input checked="" type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> 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>01/01/97</u> through <u>01/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 99,361.41
(b) Cash on Hand at Beginning of Reporting Period	\$ 99,361.41	
(c) Total Receipts (from line 19)	\$ 28,826.68	\$ 28,826.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 128,188.09	\$ 128,188.09
7. Total Disbursements (from Line 30)	\$ 8,661.06	\$ 8,661.06
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 119,527.03	\$ 119,527.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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

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

Type or Print Name Of Treasurer  
John R. Carson

Signature of Treasurer *John R. Carson* Date 2/12/97

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

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/7/91)

NAME OF COMMITTEE <i>Podiatry Political Action Committee</i>	REPORT COVERING PERIOD	
	FROM: 01/01/97	TO: 01/31/97
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	14,475.00	14,475.00
ii. Unitemized.....	13,972.34	13,972.34
iii. Total.....(add i and ii) >	28,447.34	28,447.34
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) >	28,447.34	28,447.34
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
16. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
18. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	379.34	379.34
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) >	28,826.68	28,826.68
20. Total Federal Receipts.....(subtract line 18 from line 19) >	28,826.68	28,826.68
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	661.06	661.06
c. Total Operating Expenditures.....(Add aii, aii, and b) >	661.06	661.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8,000.00	8,000.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
26. Coordinated Expenditures Made by Party Committees (2 U.S.C.441e(f)) (use Schedule F)....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds.....(Add a, b, and c) >	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	8,661.06	8,661.06
31. Total Federal Disbursements.....(Subtract line 21 all from line 30) >	8,661.06	8,661.06
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans)(from line 11d).....	28,447.34	28,447.34
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	28,447.34	28,447.34
35. Total Federal Operating Expenditures.....(add 21 ai and 21 bi) >	661.06	661.06
36. Offsets to Operating Expenditures (from line 16).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	661.06	661.06

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**

A. Full Name, Mailing Address and Zip Code <b>George Tsoutsouris DPM</b> <b>9105-A Indianapolis Blvd. #102</b> <b>Highland, IN 46322-2504</b>		Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>01/01/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
B. Full Name, Mailing Address and Zip Code <b>Stephen Smirlock DPM</b> <b>302 Richmond Ave.</b> <b>Staten Island, NY 10302-1705</b>		Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>01/01/97</b>	Amount of Each Receipt this Period  <b>225.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>225.00</b>	
C. Full Name, Mailing Address and Zip Code <b>James Zweig DPM</b> <b>917 6th Ave. S.E.</b> <b>Decatur, AL 35601-3919</b>		Name of Employer <b>Ambulatory Podiatry Center, P.C.</b>	Date (Month day, Year) <b>01/02/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
D. Full Name, Mailing Address and Zip Code <b>Gary Brislin DPM</b> <b>2080 Century Park E. #1208</b> <b>Los Angeles, CA 90067-2015</b>		Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>01/08/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
E. Full Name, Mailing Address and Zip Code <b>Edward O'Brien DPM</b> <b>135 W. Dares Beach Rd.</b> <b>Prince Frederick, MD 20678-3119</b>		Name of Employer <b>Podiatry Group, P.A.</b>	Date (Month day, Year) <b>01/08/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
F. Full Name, Mailing Address and Zip Code <b>Richard Grant DPM</b> <b>36622 Green St.</b> <b>New Baltimore, MI 48047-2538</b>		Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>01/10/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
G. Full Name, Mailing Address and Zip Code <b>Jonathan Lubitz DPM</b> <b>4365 Midmont Drive #2</b> <b>Mobile, AL 36609-5523</b>		Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>01/10/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	

SUB TOTAL of Receipts This Page (Optional).....> **1,725.00**

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**

A. Full Name, Mailing Address and Zip Code <b>Thomas Godfrey DPM</b> <b>2012 Eighth Ct. S.</b> <b>Birmingham, AL 35205-2704</b>		Name of Employer <b>Birmingham Podiatry, P.C.</b>	Date (Month day, Year) <b>01/15/97</b>	Amount of Each Receipt this Period  <b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
B. Full Name, Mailing Address and Zip Code <b>Robert Sowell DPM</b> <b>5100 N. Brookline</b> <b>Oklahoma City, OK 73112-3603</b>		Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>01/16/97</b>	Amount of Each Receipt this Period  <b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
C. Full Name, Mailing Address and Zip Code <b>Walter Clark DPM</b> <b>2012 Eighth Ct. S.</b> <b>Birmingham, AL 35205-2704</b>		Name of Employer <b>Birmingham Podiatry, P.C.</b>	Date (Month day, Year) <b>01/17/97</b>	Amount of Each Receipt this Period  <b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
D. Full Name, Mailing Address and Zip Code <b>Edward Marron DPM</b> <b>4200 W. Memorial Rd. #308</b> <b>Oklahoma City, OK 73120-8305</b>		Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>01/21/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
E. Full Name, Mailing Address and Zip Code <b>Thomas Komp DPM</b> <b>1747 Shawano Ave. #100</b> <b>Green Bay, WI 54303-3261</b>		Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>01/21/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
F. Full Name, Mailing Address and Zip Code <b>Robert Bier DPM</b> <b>16 Monica Dr.</b> <b>Edison, NJ 08820-3224</b>		Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>01/21/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
G. Full Name, Mailing Address and Zip Code <b>Steven Glickman DPM</b> <b>4770 Rochester Rd. #104</b> <b>Troy, MI 48098-4951</b>		Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>01/21/97</b>	Amount of Each Receipt this Period  <b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>500.00</b>	

SUB TOTAL of Receipts This Page (Optional).....> **2,750.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in full)  
Pediatry Political Action Committee

A. Full Name, Mailing Address and Zip Code <b>Paul Schwarzenraub DPM</b> 4601 66th St. #A Lubbock, TX 79414-4839		Name of Employer <b>Self Employed</b>	Date (Month day, Year) 01/21/97	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
B. Full Name, Mailing Address and Zip Code <b>Maureen Crotty DPM</b> 4302 S. Peoria Tulsa, OK 74105-3924		Name of Employer <b>Green Country Podiatry Center, P.C.</b>	Date (Month day, Year) 01/23/97	Amount of Each Receipt this Period 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	
C. Full Name, Mailing Address and Zip Code <b>Norman Kornblatt DPM</b> 3666 Hwy. 5, #101 Douglasville, GA 30135-2364		Name of Employer <b>Ankle &amp; Foot Specialists-Douglas County</b>	Date (Month day, Year) 01/24/97	Amount of Each Receipt this Period 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 <b>Henry Mittelman DPM</b> 6821 Montgomery Blvd. N.E. #D Albuquerque, NM 87109-1444		Name of Employer <b>Self Employed</b>	Date (Month day, Year) 01/24/97	Amount of Each Receipt this Period 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 <b>Michael Burns DPM</b> 1100 Poudre River Dr. Fort Collins, CO 80524-3500		Name of Employer <b>Foot Care Center</b>	Date (Month day, Year) 01/24/97	Amount of Each Receipt this Period 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 <b>Harvey Lederman DPM</b> 836 Farmington Ave. #105 West Hartford, CT 06119-1544		Name of Employer <b>West Hartford Podiatry Associates</b>	Date (Month day, Year) 01/24/97	Amount of Each Receipt this Period 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 <b>Marc Lederman DPM</b> 836 Farmington Ave. #105 West Hartford, CT 06119-1544		Name of Employer <b>West Hartford Podiatry Associates</b>	Date (Month day, Year) 01/24/97	Amount of Each Receipt this Period 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).....>				2,800.00
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**

<b>A. Full Name, Mailing Address and Zip Code</b> <b>James Christina DPM</b> <b>5640 Nicholson Ln. #10</b> <b>Rockville, MD 20852-2952</b>	<b>Name of Employer</b> <b>White Flint Podiatry Center</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>01/24/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Ross Taubman DPM</b> <b>2 Knoll Dr. N.</b> <b>Columbia, MD 21045-2209</b>	<b>Name of Employer</b> <b>Self Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>01/24/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Paul Bodamer, Sr. DPM</b> <b>600 Oglethorpe Hwy.</b> <b>Hinesville, GA 31313</b>	<b>Name of Employer</b> <b>Self Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>01/24/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Thomas Redmond DPM</b> <b>333 Torwill Ln.</b> <b>Kalamazoo, MI 49006-4231</b>	<b>Name of Employer</b> <b>Kalamazoo Podiatry, P.C.</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>01/24/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Gregory Duhay DPM</b> <b>Community Medical Arts Ctr.</b> <b>Friendship Rd. Box 426</b> <b>Tallassee, AL 36078</b>	<b>Name of Employer</b> <b>Comm Med Arts Center</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>01/27/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Mark Veres DPM</b> <b>4152 Carmichael Rd.</b> <b>Montgomery, AL 36106-3604</b>	<b>Name of Employer</b> <b>Self Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>01/27/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Irwin Ayes DPM</b> <b>5415 Park St. N. #C</b> <b>St. Petersburg, FL 33709-7062</b>	<b>Name of Employer</b> <b>Self Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>01/28/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>SUB TOTAL of Receipts This Page (Optional).....&gt;</b>			<b>1,750.00</b>
<b>TOTAL this Period (Last page this line number only).....&gt;</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	5	7
FOR LINE NUMBER		
1111		

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

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Sheldon Willens DPM</b> <b>2651 Hollywood Blvd.</b> <b>Hollywood, FL 33020-4840</b>	<b>Name of Employer</b> <b>Self Employed</b>	<b>Date (Month day, Year)</b> <b>01/29/97</b>	<b>Amount of Each Receipt this Period</b>  <b>500.00</b>
	<b>Occupation</b> <b>Podiatrist</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>500.00</b>		
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Donald Popper DPM</b> <b>7775 Lake Worth Rd.</b> <b>Lake Worth, FL 33467-2536</b>	<b>Name of Employer</b> <b>Self Employed</b>	<b>Date (Month day, Year)</b> <b>01/29/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Stuart Courtney DPM</b> <b>2524 E. Hallandale Beach Blvd.</b> <b>Hallandale, FL 33009-4817</b>	<b>Name of Employer</b> <b>Self Employed</b>	<b>Date (Month day, Year)</b> <b>01/29/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Burton Bernstein DPM</b> <b>3009 Aloma Ave.</b> <b>Winter Park, FL 32792-3701</b>	<b>Name of Employer</b> <b>Self Employed</b>	<b>Date (Month day, Year)</b> <b>01/29/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Anthony Tocco DPM</b> <b>318 N. Halifax Ave.</b> <b>Daytona Beach, FL 32118-4010</b>	<b>Name of Employer</b> <b>Self Employed</b>	<b>Date (Month day, Year)</b> <b>01/29/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Douglas O'Heir DPM</b> <b>141 Silver St.</b> <b>Waterville, ME 04901-5833</b>	<b>Name of Employer</b> <b>Self Employed</b>	<b>Date (Month day, Year)</b> <b>01/29/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Michael Thompson DPM</b> <b>3535 30th Ave. #203</b> <b>Kenosha, WI 53144-1651</b>	<b>Name of Employer</b> <b>Kenosha Medical Park</b>	<b>Date (Month day, Year)</b> <b>01/29/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		

**SUB TOTAL of Receipts This Page (Optional).....>** **2,000.00**

**TOTAL this Period (Last page this line number only).....>**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules 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 of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>Thomas Ortenzo DPM</b> 3230 Eastern Blvd. Edgewood York, PA 17402-3030	<b>Associated Foot &amp; Ankle Specialists</b>	01/29/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
<b>Jondelle Jenkins DPM</b> 1706 E. 87th St. Chicago, IL 60617-2740	<b>Self Employed</b>	01/29/97	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	350.00
<b>Henry Merritt, Jr. DPM</b> 929 E. Cypress Creek Rd. Fort Lauderdale, FL 33334	<b>Self Employed</b>	01/29/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
<b>Allen Weinstein DPM</b> 927 S. Florida Ave. Lakeland, FL 33803-1149	<b>Foot Care Center of Lakeland</b>	01/29/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
<b>Elliot Zacker DPM</b> 13455 Military Trail Delray Beach, FL 33484-1347	<b>Podiatry Services of Florida</b>	01/29/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
<b>Michael Burk DPM</b> 3428 W. Hillsborough Ave. Tampa, FL 33615-3808	<b>Self Employed</b>	01/29/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
<b>Tyler Brahm DPM</b> 300 Jeffords St. #D Clearwater, FL 34616-3810	<b>Self Employed</b>	01/29/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00

SUB TOTAL of Receipts This Page (Optional.....)	1,950.00
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	OF
7	7
FOR LINE NUMBER	
11 a i	

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NAME OF COMMITTEE (In full)  
**Podiatry Political Action Committee**

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Dennis Frisch DPM</b> <b>30 S.E. Seventh St.</b> <b>Boca Raton, FL 33432-6134</b>	<b>Name of Employer</b> <b>Boca Raton Podiatry</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>01/29/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Barney Greenberg DPM</b> <b>2651 Hollywood Blvd.</b> <b>Hollywood, FL 33020-4840</b>	<b>Name of Employer</b> <b>Podiatry Associates</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>01/29/97</b>	<b>Amount of Each Receipt this Period</b>  <b>500.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>500.00</b>		
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Brian Cornell DPM</b> <b>55 Memorial Blvd.</b> <b>Newport, RI 02840-3679</b>	<b>Name of Employer</b> <b>Self Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>01/29/97</b>	<b>Amount of Each Receipt this Period</b>  <b>500.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>500.00</b>		
<b>D. Full Name, Mailing Address and Zip Code</b> <b>David Gleitzman DPM</b> <b>2000 Hampton Ctr. #B</b> <b>Morgantown, WV 26505-2997</b>	<b>Name of Employer</b> <b>Self Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>01/31/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>E. Full Name, Mailing Address and Zip Code</b>   <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
<b>F. Full Name, Mailing Address and Zip Code</b>   <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
<b>G. Full Name, Mailing Address and Zip Code</b>   <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
<b>SUB TOTAL of Receipts This Page (Optional).....&gt;</b>			<b>1,500.00</b>
<b>TOTAL this Period (Last page this line number only).....&gt;</b>			<b>14,475.00</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and Zip Code Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation Brokerage Firm	01/31/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		379.34
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
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	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
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).....>	379.34
TOTAL this Period (Last page this line number only).....>	379.34

**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)  
 Poetry Political Action Committee

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	Interest Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	01/01/97	492.58
Smith Barney 280 Trumbull Street Hartford, CT 06103	Interest Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	01/31/97	37.33
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).....>	529.91
TOTAL this Period (Last page this line number only).....>	529.91

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**Pediatric Political Action Committee**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Friends of Max Baucus</b> Box 586 Helena, MT 59624	<b>Max Baucus, U.S. SENATE MT</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	<b>01/30/97</b>	<b>1,000.00</b>
<b>Missourians for Kit Bond</b> 911 Main St. Kansas City, MO 64105	<b>Christopher S. Bond, U.S. SENATE MO</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>01/30/97</b>	<b>1,000.00</b>
<b>Friends of Max Cleland</b> P.O. Box 7843 Atlanta, GA 30357	<b>Max Cleland, U.S. SENATE GA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	<b>01/21/97</b>	<b>1,000.00</b>
<b>Delahunt for Congress Committee</b> 500 Victory Road Quincy, MA 02171	<b>William D. Delahunt, U.S. HOUSE 10th MA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	<b>01/30/97</b>	<b>500.00</b>
<b>Grassley Committee Inc.</b> 5301 Wisconsin Ave. Washington, DC 20015	<b>Charles E. Grassley, U.S. SENATE IA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>01/30/97</b>	<b>1,000.00</b>
<b>Citizens for Harkin</b> P.O. Box 811 Des Moines, IA 50304	<b>Tom Harkin, U.S. SENATE IA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	<b>01/21/97</b>	<b>1,000.00</b>
<b>Maurice D. Hinchey</b> 24 Manor Lane Saugerties, NY 12477	<b>Maurice D. Hinchey, U.S. HOUSE 26th NY</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	<b>01/30/97</b>	<b>500.00</b>
<b>Reed Committee</b> P.O. Box 8628 Cranston, RI 02920	<b>John F. Reed, U.S. HOUSE 2nd RI</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	<b>01/21/97</b>	<b>1,000.00</b>
<b>Citizens for Arlen Specter 1998</b> 111 S. 15th St. Philadelphia, PA 19102	<b>Arlen Specter, U.S. SENATE PA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>01/30/97</b>	<b>1,000.00</b>

SUB TOTAL of Disbursements this page (Optional).....> **8,000.00**

TOTAL this Period (Last page this line number only).....> **8,000.00**

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

*2-12-97*

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*JLS*  
PREPARER

*2-18-97*  
DATE PREPARED