

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

APR 20 6 37 AM '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)

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>04/01/96</u> through <u>04/30/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 73,570.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 138,923.69	
(c) Total Receipts (from line 19)	\$ 35,964.89	\$ 186,093.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 174,887.78	\$ 289,664.59
7. Total Disbursements (from line 30)	\$ 24,027.57	\$ 108,844.38
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 150,860.21	\$ 150,860.21
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	
I Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and Complete		For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
Type or Print Name Of Treasurer John R. Carson		
Signature of Treasurer <i>John R. Carson</i>	Date 5-17-96	

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

96030313046

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE <i>Podiatry Political Action Committee</i>	REPORT COVERING PERIOD	
	FROM: 04/01/96	TO: 04/30/96
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	13,760.00	68,545.00
ii. Unitemized.....	21,406.00	114,852.07
iii. Total.....(add i and ii) >	35,166.00	183,397.07
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) >	35,166.00	183,397.07
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.).....	798.09	2,696.84
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) >	35,964.09	186,093.91
20. Total Federal Receipts.....(subtract line 18 from line 19) >	35,964.09	186,093.91
<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.....	27.57	791.88
c. Total Operating Expenditures.....(Add a i, ii, and b) >	27.57	791.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24,000.00	105,500.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 447a(d)) (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	450.00
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	450.00
29. Other Disbursements.....	0.00	2,062.50
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	24,027.57	108,804.38
31. Total Federal Disbursements.....(Subtract line 21 a) from line 30) >	24,027.57	108,804.38
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans)(from line 11d).....	35,166.00	183,397.07
33. Total Contribution Refunds (from line 28d).....	0.00	450.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	35,166.00	182,947.07
35. Total Federal Operating Expenditures.....(add 21 a) and 21 b) >	27.57	791.88
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	27.57	791.88

9 5 0 3 0 5 1 3 0 5 7

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 8  
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)  
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code <b>Barry Wolff DPM</b> 777 Blackwood Clementon Rd. Lindenwold, NJ 08021-5966	Name of Employer <b>Self-Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>04/02/96</b>	Amount of Each Receipt this Period  <b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>400.00</b>		
B. Full Name, Mailing Address and Zip Code <b>Neil Poppendeck DPM</b> 600 McGuffey Ave. Oxford, OH 45056-2028	Name of Employer <b>Southwest Ohio Podiatry</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>04/02/96</b>	Amount of Each Receipt this Period  <b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
C. Full Name, Mailing Address and Zip Code <b>Joseph Perillo DPM</b> 650 Pre Emption Rd. Geneva, NY 14456-1334	Name of Employer <b>Self-Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>04/02/96</b>	Amount of Each Receipt this Period  <b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
D. Full Name, Mailing Address and Zip Code <b>Philip J. Cain DPM</b> 415 W. Harding Rd. Springfield, OH 45504-1706	Name of Employer <b>Associates in Podiatry, Inc.</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>04/04/96</b>	Amount of Each Receipt this Period  <b>150.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
E. Full Name, Mailing Address and Zip Code <b>David Bernstein DPM</b> 308 N. Wayne Ave. Wayne, PA 19087-3218	Name of Employer <b>Self-Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>04/05/96</b>	Amount of Each Receipt this Period  <b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>375.00</b>		
F. Full Name, Mailing Address and Zip Code <b>Richard Jason DPM</b> 1808 University Blvd., S. Jacksonville, FL 32216-8931	Name of Employer <b>Self-Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>04/05/96</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)	Aggregate Year-to-date > \$ <b>250.00</b>		
G. Full Name, Mailing Address and Zip Code <b>David Corn DPM</b> 264 N. Main St. East Longmeadow, MA 01028-1815	Name of Employer <b>Self-Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>04/05/96</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)	Aggregate Year-to-date > \$ <b>250.00</b>		

SUB TOTAL of Receipts This Page (Optional).....>	<b>1,850.00</b>
TOTAL this Period (Last page this line number only).....>	

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**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)  
**Podiatry Political Action Committee**

<p>A. Full Name, Mailing Address and Zip Code  <b>Stuart C. Steinberg DPM</b>  <b>3322 W. Magnolia Blvd.</b>  <b>Burbank, CA 91505-2907</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer  <b>Burbank Foot Care Center</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>04/05/96</b></p> <p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>	<p>Amount of Each Receipt this Period  <b>500.00</b></p>
<p>B. Full Name, Mailing Address and Zip Code  <b>Garcy Weber DPM</b>  <b>10515 Balboa Blvd., Suite 300</b>  <b>Granada Hills, CA 91344-6343</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer  <b>Self Employed</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>04/08/96</b></p> <p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>	<p>Amount of Each Receipt this Period  <b>500.00</b></p>
<p>C. Full Name, Mailing Address and Zip Code  <b>Charles Steiner DPM</b>  <b>103 W. Ninth St.</b>  <b>Berwick, PA 18603-3024</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer  <b>Self Employed</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>04/08/96</b></p> <p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>	<p>Amount of Each Receipt this Period  <b>150.00</b></p>
<p>D. Full Name, Mailing Address and Zip Code  <b>Nathan Stone DPM</b>  <b>10798 Belleville Rd.</b>  <b>Belleville, MI 48111-1308</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer  <b>Family Footcare of Belleville</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>04/08/96</b></p> <p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>	<p>Amount of Each Receipt this Period  <b>300.00</b></p>
<p>E. Full Name, Mailing Address and Zip Code  <b>Thomas Domanick DPM</b>  <b>1708 Boston Ave.</b>  <b>Bridgeport, CT 06610-2607</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer  <b>Self Employed</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>04/08/96</b></p> <p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>	<p>Amount of Each Receipt this Period  <b>300.00</b></p>
<p>F. Full Name, Mailing Address and Zip Code  <b>John Stevenson DPM</b>  <b>11180 Reed Hartman Hwy.</b>  <b>Blue Ash, OH 45242</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer  <b>Blue Ash Podiatry</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>04/09/96</b></p> <p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>	<p>Amount of Each Receipt this Period  <b>500.00</b></p>
<p>G. Full Name, Mailing Address and Zip Code  <b>Leslie Levy DPM</b>  <b>23861 W. McBean Pkwy, #E28</b>  <b>Valencia, CA 91355-2003</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer  <b>Self-Employed</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>04/10/96</b></p> <p>Aggregate Year-to-date &gt; \$ <b>312.50</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>

<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>	<p><b>2,500.00</b></p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>	<p></p>

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code <b>Alan Mauser DPM</b> 2525 Bardstown Rd. Louisville, KY 40205-2665</p>	<p>Name of Employer Self-Employed</p>	<p>Date (Month day, Year) 04/12/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Occupation Podiatrist</p>	<p>Aggregate Year-to-date &gt; \$ 300.00</p>	
<p>B. Full Name, Mailing Address and Zip Code <b>Phillip Ward DPM</b> 3 Regional Circle, #B Pinehurst, NC 28374</p>	<p>Name of Employer Podiatry of the Sandhills</p>	<p>Date (Month day, Year) 04/12/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Occupation Podiatrist</p>	<p>Aggregate Year-to-date &gt; \$ 300.00</p>	
<p>C. Full Name, Mailing Address and Zip Code <b>Patrick McShane DPM</b> 3259 E. Sunshine, #BB Springfield, MO 65804-2143</p>	<p>Name of Employer Self-Employed</p>	<p>Date (Month day, Year) 04/12/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Occupation Podiatrist</p>	<p>Aggregate Year-to-date &gt; \$ 250.00</p>	
<p>D. Full Name, Mailing Address and Zip Code <b>Kenneth Kierstein DPM</b> 8 Trembull Road Waterford, CT 06385</p>	<p>Name of Employer Self Employed</p>	<p>Date (Month day, Year) 04/12/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Occupation Podiatrist</p>	<p>Aggregate Year-to-date &gt; \$ 250.00</p>	
<p>E. Full Name, Mailing Address and Zip Code <b>Gary Cortese DPM</b> 1626 Mt. Hope Ave. Pottsville, PA 17901-1302</p>	<p>Name of Employer Self Employed</p>	<p>Date (Month day, Year) 04/15/96</p>	<p>Amount of Each Receipt this Period 225.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Occupation Podiatrist</p>	<p>Aggregate Year-to-date &gt; \$ 300.00</p>	
<p>F. Full Name, Mailing Address and Zip Code <b>James Lisle DPM</b> 939 Oak St., S.E., #112 Salem, OR 97301-3909</p>	<p>Name of Employer Cascade Foot Center</p>	<p>Date (Month day, Year) 04/15/96</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Occupation Podiatrist</p>	<p>Aggregate Year-to-date &gt; \$ 300.00</p>	
<p>G. Full Name, Mailing Address and Zip Code <b>Ronald Bushnell DPM</b> 431 S. Ham Lane, #A Lodi, CA 95242-3524</p>	<p>Name of Employer Self Employed</p>	<p>Date (Month day, Year) 04/15/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Occupation Podiatrist</p>	<p>Aggregate Year-to-date &gt; \$ 250.00</p>	
<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>			<p>1,725.00</p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>			

9 6 0 3 0 5 1 3 0 7 0

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 8  
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code <b>John Marzano DPM</b> <b>4 Stanwood Hill Rd.</b> <b>Hopewell Junction, NY 12533-5917</b>	Name of Employer <b>Self-Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>04/15/96</b>	Amount of Each Receipt this Period  <b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
B. Full Name, Mailing Address and Zip Code <b>John Morehead DPM</b> <b>6160 S. Yale</b> <b>Tulsa, OK 74136-1900</b>	Name of Employer <b>Self-Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>04/15/96</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)	Aggregate Year-to-date > \$ <b>250.00</b>		
C. Full Name, Mailing Address and Zip Code <b>Bradford Glass DPM</b> <b>1300 W. Wall</b> <b>Midland, TX 79701-6622</b>	Name of Employer <b>Self-Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>04/16/96</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)	Aggregate Year-to-date > \$ <b>250.00</b>		
D. Full Name, Mailing Address and Zip Code <b>Loren Rogers DPM</b> <b>218 E. Front St., #105</b> <b>Missoula, MT 59802-4402</b>	Name of Employer <b>Self-Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>04/16/96</b>	Amount of Each Receipt this Period  <b>125.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>375.00</b>		
E. Full Name, Mailing Address and Zip Code <b>Allen Weinstein DPM</b> <b>927 S. Florida Ave.</b> <b>Lakeland, FL 33803-1149</b>	Name of Employer <b>Foot Care Center of Lakeland</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>04/17/96</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)	Aggregate Year-to-date > \$ <b>250.00</b>		
F. Full Name, Mailing Address and Zip Code <b>Thomas Stelnicki DPM</b> <b>13944 Lakeshore Blvd., #A</b> <b>Hudson, FL 34667-1481</b>	Name of Employer <b>Self Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>04/17/96</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)	Aggregate Year-to-date > \$ <b>500.00</b>		
G. Full Name, Mailing Address and Zip Code <b>David Kuehn DPM</b> <b>403 S. Farwell St.</b> <b>Eau Claire, WI 54701-3773</b>	Name of Employer <b>Self-Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>04/18/96</b>	Amount of Each Receipt this Period  <b>75.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>225.00</b>		
<b>SUB TOTAL of Receipts This Page (Optional)</b>			<b>1,750.00</b>
<b>TOTAL this Period (Last page this line number only)</b>			

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 8

FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Sheldon Wilens DPM 2651 Hollywood Blvd. Hollywood, FL 33020-4840</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 &gt; \$ 500.00</p>	<p>Date (Month/Day/Year) 04/19/96</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Myles Grossman DPM 2174 Hewlett Ave. Merrick, NY 11556-0001</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 &gt; \$ 300.00</p>	<p>Date (Month/Day/Year) 04/22/96</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>C. Full Name, Mailing Address and Zip Code Charles Call DPM 1348 E. 17th St. Idaho Falls, ID 83404-6270</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Call Foot &amp; Ankle Center</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ 300.00</p>	<p>Date (Month/Day/Year) 04/22/96</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>D. Full Name, Mailing Address and Zip Code Stephen Smirlock DPM 302 Richmond Ave. Staten Island, NY 10302-1705</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 &gt; \$ 225.00</p>	<p>Date (Month/Day/Year) 04/22/96</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>E. Full Name, Mailing Address and Zip Code Daniel Phelps DPM 321 S. Fannin Ave. Tyler, TX 75702-7321</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 &gt; \$ 250.00</p>	<p>Date (Month/Day/Year) 04/22/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Richard Bellacosa DPM 14615 San Pedro Ave. Suite 235 San Antonio, TX 78232-4316</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer San Antonio Podiatry Associates</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ 300.00</p>	<p>Date (Month/Day/Year) 04/22/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>G. Full Name, Mailing Address and Zip Code Paul Schwartz DPM 1479 Ygnacio Valley Rd., #102 Walnut Creek, CA 94598-2945</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 &gt; \$ 250.00</p>	<p>Date (Month/Day/Year) 04/22/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>			<p>1,675.00</p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>			<p></p>

96030513072

**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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>William McCann DPM</b> Concord Hospital, Suite 203 248 Pleasant St. Concord, NH 03301-2548	<b>Affiliates in Podiatry, P.C.</b> Occupation <b>Podiatrist</b>	<b>04/24/96</b>	<b>75.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>225.00</b>	
<b>Kelly Stagg DPM</b> 4650 Harrison Blvd. Ogden, UT 84403-4303	<b>Self Employed</b> Occupation <b>Podiatrist</b>	<b>04/24/96</b>	<b>50.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>300.00</b>	
<b>Donald Skwor DPM</b> 920 Estate Rd., #1 Memphis, TN 38119-3608	<b>Self Employed</b> Occupation <b>Podiatrist</b>	<b>04/24/96</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>250.00</b>	
<b>Bruce McLaughlin DPM</b> 1145 Montauk Hwy. West Islip, NY 11795-4909	<b>Self Employed</b> Occupation <b>Podiatrist</b>	<b>04/24/96</b>	<b>400.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>400.00</b>	
<b>Kevin McDonald DPM</b> P.O. Box 492 Statesboro, GA 30459-0492	<b>Family Foot Care</b> Occupation <b>Podiatrist</b>	<b>04/24/96</b>	<b>125.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>250.00</b>	
<b>Dean Dorfman DPM</b> 320 E. Hillsboro Blvd. Deerfield Beach, FL 33441-3540	<b>Deerfield Family Footcare</b> Occupation <b>Podiatrist</b>	<b>04/24/96</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>300.00</b>	
<b>Sherman Nagler DPM</b> 1200 Binz St., #750 Houston, TX 77064-6926	<b>Park Plaza Foot Specialists</b> Occupation <b>Podiatrist</b>	<b>04/24/96</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>300.00</b>	

SUB TOTAL of Receipts This Page (Optional).....	<b>1,500.00</b>
TOTAL this Period (Last page this line number only).....	

96030513073



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **7** OF **8**  
FOR LINE NUMBER **11 a i**

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

<p>A. Full Name, Mailing Address and Zip Code <b>Donate Kratzer, Jr. DPM</b> <b>2245 Stantonburg Rd., #H</b> <b>Greenville, NC 27834-2868</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Greenville Podiatry Associates, P.A.</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month/Day/Year) <b>04/24/96</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>B. Full Name, Mailing Address and Zip Code <b>Eugene Carr DPM</b> <b>565 Yucca Drive</b> <b>Naples, FL 33940-6123</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>350.00</b></p>	<p>Date (Month/Day/Year) <b>04/25/96</b></p>	<p>Amount of Each Receipt this Period <b>100.00</b></p>
<p>C. Full Name, Mailing Address and Zip Code <b>Lloyd Trichell DPM</b> <b>5817 S. Enid St.</b> <b>Ft. Smith, AR 72903</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>	<p>Date (Month/Day/Year) <b>04/25/96</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>D. Full Name, Mailing Address and Zip Code <b>William Crotty DPM</b> <b>5601 Park Avenue</b> <b>Ft. Smith, AR 72903</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Crotty Foot Clinic</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>	<p>Date (Month/Day/Year) <b>04/25/96</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>E. Full Name, Mailing Address and Zip Code <b>Perry Peterson DPM</b> <b>101 Highway 281, #215</b> <b>Marble Falls, TX 78654-5763</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>225.00</b></p>	<p>Date (Month/Day/Year) <b>04/26/96</b></p>	<p>Amount of Each Receipt this Period <b>75.00</b></p>
<p>F. Full Name, Mailing Address and Zip Code <b>Stanton Cohen DPM</b> <b>1743 W. 24th St.</b> <b>Yuma, AZ 85364-6206</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Yuma Podiatry Associates</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>225.00</b></p>	<p>Date (Month/Day/Year) <b>04/26/96</b></p>	<p>Amount of Each Receipt this Period <b>75.00</b></p>
<p>G. Full Name, Mailing Address and Zip Code <b>Linda Markwardt DPM</b> <b>20 N. Grand, #9</b> <b>Fort Thomas, KY 41075-1755</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month/Day/Year) <b>04/26/96</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>SUB TOTAL of Receipts This Page (Optional)</b>.....&gt;</p>			<p><b>1,750.00</b></p>
<p><b>TOTAL this Period (Last page this line number only)</b>.....&gt;</p>			<p></p>

9 6 0 3 0 5 1 3 0 7 4

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 8  
FOR LINE NUMBER 11 a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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)  
Pediatry Political Action Committee

A. Full Name, Mailing Address and Zip Code Gregory Amaranos DPM 2740 W. Foster Ave., #310 Chicago, IL 60625-3543	Name of Employer Self-Employed	Date (Month day, Year) 04/29/96	Amount of Each Receipt this Period 5.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$	305.00

B. Full Name, Mailing Address and Zip Code Matthew G. Garoufulis DPM 5301 S. Cicero Ave. Chicago, IL 60632-4916	Name of Employer Professional Foot Care Specialists	Date (Month day, Year) 04/29/96	Amount of Each Receipt this Period 5.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$	255.00

C. Full Name, Mailing Address and Zip Code Timothy Hollingshead DPM 411 Main St., #202 Fort Morgan, CO 80701-2136	Name of Employer Self-Employed	Date (Month day, Year) 04/29/96	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$	500.00

D. Full Name, Mailing Address and Zip Code Michael Weinblatt DPM 2100 Corlies Ave. Neptune, NJ 07753-6116	Name of Employer Self Employed	Date (Month day, Year) 04/29/96	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
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 N. Vasenden DPM 298 Prince Ave. Athens, GA 30601-2445	Name of Employer Athens Podiatry, P.C.	Date (Month day, Year) 04/29/96	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
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	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).....>	1,010.00
TOTAL this Period (Last page this line number only).....>	13,760.00

25030513075

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in full)  
 Industry Political Action Committee

A. Full Name, Mailing Address and Zip Code Smith Barney 280 Trumbull Street Hartford, CT 06103  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer  Occupation Investment Firm  Aggregate Year-to-date > \$ 2,696.84	Date (Month/Day/Year) 04/30/96	Amount of Each Receipt this Period  798.09
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
SUB TOTAL of Receipts This Page (Optional).....>			798.09
TOTAL this Period (Last page this line number only).....>			798.09

96030513076

**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)  
 Policy 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 Bartley 280 Trumbull Street Hartford, CT 06103	Interest Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	04/30/96	27.57
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).....>	27.57
TOTAL this Period (Last page this line number only).....>	27.57

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**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)

Primary Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Alford for Congress Committee P.O. Box 32 Loveland, CO 80539	Wayne Alford, U.S. HOUSE 6th CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/26/96	1,000.00
B. Full Name, Mailing Address and Zip Code Congressman Joe Barton Committee P.O. Box 1444 Emis, TX 75120	Purpose of Disbursement Joe L. Barton, U.S. HOUSE 6th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/05/96	500.00
C. Full Name, Mailing Address and Zip Code Mike Bilirakis for Congress PO Box 1077 Tarpon Springs, FL 34688	Purpose of Disbursement Mike Bilirakis, U.S. HOUSE 9th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/19/96	1,000.00
D. Full Name, Mailing Address and Zip Code Thomas J. Bitley For Congress Committee P.O. Box 17095 Richmond, VA 23326	Purpose of Disbursement Thomas Jerome Bitley, Jr., U.S. HOUSE 7th VA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/11/96	2,500.00
E. Full Name, Mailing Address and Zip Code Texans for Henry Bonilla 15643 Cloud Top San Antonio, TX 78248	Purpose of Disbursement Henry Bonilla, U.S. HOUSE 23rd TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/05/96	500.00
F. Full Name, Mailing Address and Zip Code Friends of Corrine Brown 11248 West Edgewood Ave. Jacksonville, FL 32208	Purpose of Disbursement Corrine Brown, U.S. HOUSE 3rd FL - 3/96 Report Err Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/25/96	-1,000.00
G. Full Name, Mailing Address and Zip Code Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Purpose of Disbursement Sherrod C. Brown, U.S. HOUSE 13th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/25/96	1,000.00
H. Full Name, Mailing Address and Zip Code Christopher Cox Congressional Committee P.O. Box 8088-C Newport Beach, CA 92658	Purpose of Disbursement Christopher Cox, U.S. HOUSE 47th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/19/96	500.00
I. Full Name, Mailing Address and Zip Code Friends of Dick Durbin P.O. Box 1949 Springfield, IL 62705	Purpose of Disbursement Dick Durbin, U.S. SENATE IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/19/96	1,000.00

SUB TOTAL of Disbursements this page (Optional)..... > 7,000.00

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

96030513078

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month/Day/Year)	Amount of Each Disbursement
Emily's List 805 15th Street, N.W. Washington, DC 20005	Refraining Leaches 4/16/96 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/15/96	1,000.00
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/12/96	500.00
Hall For Congress Committee P.O. Box 711 Rockwall, TX 75087	Ralph Moody Hall, U.S. HOUSE 4th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/05/96	500.00
Hefley for Congress 2110 Hollow Brook Drive Colorado Springs, CO 80918	Joel M. Hefley, U.S. HOUSE 5th CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/19/96	500.00
Mascara for Congress 831 Lincoln Avenue Charlerol, PA 15022	Frank R. Mascara, U.S. HOUSE 20th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/05/96	500.00
McCrery for Congress 1900 CNB Tower 33 Texas Street Shreveport, LA 71101	James O. McCrery, III, U.S. HOUSE 5th LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/19/96	1,000.00
Buck McKeon for Congress P.O. Box 2071 Santa Clara, CA 91386	Howard (Buck) McKeon, U.S. HOUSE 25th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/19/96	500.00
Norwood for Congress 3643 Walton Way Extension Augusta, GA 30909	Charlie Norwood, HOUSE 10th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/12/96	1,000.00
Pastor For Arizona 802 North 3rd Avenue Phoenix, AZ 85003	Edward Lopez Pastor, U.S. HOUSE 2nd AZ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/12/96	500.00

SUB TOTAL of Disbursements this page (Optional).....>	<b>6,000.00</b>
TOTAL this Period (Last page this line number only).....>	

95030513079

**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)  
 Poliatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Petersen for Congress Route 3 Box 4711 Detroit Lakes, MN 56502	Collin Clark Peterson, HOUSE 7th MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/26/96	1,000.00
B. Full Name, Mailing Address and Zip Code Committee in Re-Elect Congresswoman Marge Rook P.O. Box 625 Ridgewood, NJ 07451	Marge Rookman, U.S. HOUSE 5th NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/05/96	500.00
C. Full Name, Mailing Address and Zip Code Friends of Clay Shaw 2600 N.E. 14th Street Cswy Pompano Beach, FL 33062	E. Clay Shaw, U.S. HOUSE 22nd FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/05/96	500.00
D. Full Name, Mailing Address and Zip Code Gordon Smith for U.S. Senate OK	Gordon Smith, U.S. SENATE OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/19/96	1,500.00
E. Full Name, Mailing Address and Zip Code Jerry Solomon for Congress Committee P.O. Box 459 Saratoga Springs, NY 12866	Gerald B.H. Solomon, U.S. HOUSE NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/26/96	1,000.00
F. Full Name, Mailing Address and Zip Code Spence for Congress Committee P.O. Box 1475 Columbia, SC 29202	Moyd D. Spence, U.S. HOUSE 2nd SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/12/96	500.00
G. Full Name, Mailing Address and Zip Code Pete Stark Re-Election Committee P.O. Box 121 Hayward, CA 94543	Fortney Pete Stark, U.S. HOUSE 13th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/05/96	2,500.00
H. Full Name, Mailing Address and Zip Code Friends for Cliff Stearns P.O. Box 308 Silver Springs, FL 32688	Clifford B. Stearns, U.S. HOUSE 6th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/05/96	500.00
I. Full Name, Mailing Address and Zip Code Mark Stodola For Congress	Mark Stodola, U.S. HOUSE 2nd AR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/12/96	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> **9,000.00**

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

9 5 0 3 0 3 1 3 0 3 0

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and Zip Code <b>Bob Stump Election Committee                  1459 W. Key Largo Ct.                  Gilbert, AZ 85234</b>	Purpose of Disbursement <b>Bob Stump, U.S. HOUSE 3rd AZ</b>	Date (Month, day, Year) <b>07/19/96</b>	Amount of Each Disb. this Period <b>300.00</b>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1996</b>			

B. Full Name, Mailing Address and Zip Code <b>Committee To Re-Elect Ed Towns                  360 Clinton Ave., Apt. 6R                  Brooklyn, NY 11238</b>	Purpose of Disbursement <b>Edolphus Towns, U.S. HOUSE 10th NY</b>	Date (Month, day, Year) <b>04/19/96</b>	Amount of Each Disb. this Period <b>1,000.00</b>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1996</b>			

C. Full Name, Mailing Address and Zip Code <b>Upton for All of Us                  P.O. Box 490                  St. Joseph, MI 49085</b>	Purpose of Disbursement <b>Fred Upton, U.S. HOUSE 6th MI</b>	Date (Month, day, Year) <b>04/19/96</b>	Amount of Each Disb. this Period <b>500.00</b>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1996</b>			

D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, Year)	Amount of Each Disb. this Period
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, Year)	Amount of Each Disb. this Period
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, Year)	Amount of Each Disb. this Period
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, Year)	Amount of Each Disb. this Period
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, Year)	Amount of Each Disb. this Period
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, Year)	Amount of Each Disb. this Period
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Disbursements this page (Optional).....>	<b>2,000.00</b>
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TOTAL this Period (Last page this line number only).....>	<b>24,000.00</b>
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96030513081



**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
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The Commission has added this page to the end of this filing to indicate how it was received.

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*Shay*  
 PREPARER

5-20-86  
 DATE PREPARED

96030213032