

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) Podiatry Political Action Committee		May 19 11 33 AM '97
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9312 Old Georgetown Road	2. FEC IDENTIFICATION NUMBER C00008839	
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>04/01/97</u> through <u>04/30/97</u>		
6. (a) Cash on Hand January 1, 1997		\$ 99,361.41
(b) Cash on Hand at Beginning of Reporting Period.....	\$ 190,541.81	
(c) Total Receipts (from line 18).....	\$ 22,398.82	\$ 144,879.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$ 202,940.63	\$ 243,940.42
7. Total Disbursements (from Line 30).....	\$ 27,900.00	\$ 68,499.79
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))..	\$ 175,440.63	\$ 175,440.63
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>I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.</i>		
Type or Print Name of Treasurer John R. Carson		Date
Signature of Treasurer <i>John R. Carson</i>		5/19/97

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 11/1/91

NAME OF COMMITTEE Podiatry Political Action Committee	REPORT COVERING PERIOD	
	FROM: 04/01/97	TO: 04/30/97
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	5,750.00	52,640.00
ii. Unitemized.....	15,145.50	87,268.30
iii. Total.....(add i and ii) >	20,895.50	139,908.30
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add aiii, b and c) >	20,895.50	139,908.30
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.).....	1,503.32	4,670.71
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) >	22,398.82	144,579.01
20. Total Federal Receipts.....(subtract line 18 from line 19) >	22,398.82	144,579.01
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.....	0.00	999.79
c. Total Operating Expenditures.....(Add a, all, and b) >	0.00	999.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27,500.00	67,500.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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. Individual/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) >	27,500.00	68,499.79
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30) >	27,500.00	68,499.79
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	20,895.50	139,908.30
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	20,895.50	139,908.30
35. Total Federal Operating Expenditures.....(add 21 aI and 21 b) >	0.00	999.79
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	0.00	999.79

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **4**
FOR LINE NUMBER **11 a 1**

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 David Malani DPM 1118 N. Fourth St. Coeur D'Alene, ID 83814-3217	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 04/04/97	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 Phillip Ward DPM 3 Regional Cir. #B Pinehurst, NC 28374	Name of Employer Foot & Ankle Center of North Carolina Occupation Podiatrist	Date (Month day, Year) 04/07/97	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 400.00		
C. Full Name, Mailing Address and Zip Code Mark Freiser DPM Bronx Foot Care Ctr. 421 E. 149th St. Bronx, NY 10455-3904	Name of Employer Bronx Foot Care Center Occupation Podiatrist	Date (Month day, Year) 04/07/97	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 225.00		
D. Full Name, Mailing Address and Zip Code Roland Tolliver, Jr. DPM 1815 W. Church St. Freeport, IL 61032-4641	Name of Employer Freeport Podiatry Services Occupation Podiatrist	Date (Month day, Year) 04/07/97	Amount of Each Receipt this Period 150.00
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 Francisco Tello DPM 107 W. Main Ave. #250 Bismarck, ND 58501	Name of Employer Dakota Foot & Ankle Clinic Occupation Podiatrist	Date (Month day, Year) 04/09/97	Amount of Each Receipt this Period 125.00
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 Warren Joseph DPM Eighth at Race St. Philadelphia, PA 19107	Name of Employer Pennsylvania College of Pod. Medicine Occupation Podiatrist	Date (Month day, Year) 04/11/97	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
G. Full Name, Mailing Address and Zip Code Michael Haughey DPM 637 E. Matthews Jonesboro, AR 72401-3145	Name of Employer The Podiatry Group Occupation Podiatrist	Date (Month day, Year) 04/11/97	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		

SUB TOTAL of Receipts This Page (Optional).....> **1,350.00**

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 Mark Smith DPM 136 Jackson St. #4 Oshkosh, WI 54901-4714	Name of Employer Self Employed	Date (Month day, Year) 04/11/97	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Leonard Simmons DPM 1228 Country Club Rd. Fairmont, WV 26554-2377	Name of Employer Self Employed	Date (Month day, Year) 04/15/97	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Steven Spinner DPM 301 N.W. 84th Ave. Plantation, FL 33324	Name of Employer Self Employed	Date (Month day, Year) 04/15/97	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Joseph Hughes DPM 10961 Cherry St. Los Alamitos, CA 90720-2452	Name of Employer Los Alamitos Foot Center	Date (Month day, Year) 04/15/97	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Richard Fox, Jr. DPM 1182 Monroe Dr. Xenia, OH 45385-1928	Name of Employer Self-Employed	Date (Month day, Year) 04/16/97	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Barry Wolff DPM 777 Blackwood Clementon Rd. Lindenwold, NJ 08021-5966	Name of Employer Self-Employed	Date (Month day, Year) 04/16/97	Amount of Each Receipt this Period 200.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code Dario Vanderwill DPM 718 Lomas Blvd. N.W. #A Albuquerque, NM 87102-2073	Name of Employer Family Foot Health Specialists	Date (Month day, Year) 04/16/97	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
SUB TOTAL of Receipts This Page (Optional)>			1,800.00
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

A. Full Name, Mailing Address and Zip Code Richard Jason DPM 1808 University Blvd. S. Jacksonville, FL 32216-8931	Name of Employer Self Employed	Date (Month day, Year) 04/16/97	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Robert Floros DPM Pepper Pavilion #802 1800 Lombard St. Philadelphia, PA 19146	Name of Employer Graduate Hospital	Date (Month day, Year) 04/16/97	Amount of Each Receipt this Period 75.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code James Lisle DPM 939 Oak St. S.E. #112 Salem, OR 97301-3909	Name of Employer Cascade Foot Center	Date (Month day, Year) 04/16/97	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code G. M. Johnson, Jr. DPM P.O. Box 8407 Mobile, AL 36689-0407	Name of Employer Self Employed	Date (Month day, Year) 04/18/97	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Todd Harrison DPM 12821 Oak Hill Ave. Hagerstown, MD 21742-2929	Name of Employer Podiatry Associates of Hagerstown	Date (Month day, Year) 04/21/97	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code James Strickland DPM 225 Second Ave. N. St. Petersburg, FL 33701-3317	Name of Employer Self-Employed	Date (Month day, Year) 04/25/97	Amount of Each Receipt this Period 150.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code William Schlorff DPM 460 Market St. #404 Williamsport, PA 17701-6321	Name of Employer Self-Employed	Date (Month day, Year) 04/25/97	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....> **2,025.00**

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

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FOR LINE NUMBER 11 a i

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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
Richard Graham DPM 12383 Champlin Dr., #19 Champlin, MN 55316-1906	Self-Employed	04/25/97	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$ 225.00	
Louis Rogy DPM 146 Park N. Professional Bldg. 4402 Vance Jackson Rd. San Antonio, TX 78230-5333	Self Employed	04/28/97	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	
Michael McDonough DPM 595 W. Granada Blvd. #F Ormond Beach, FL 32174-5182	McDonough Podiatry	04/29/97	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	
D. Full Name, Mailing Address and Zip Code	Name of Employer	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)	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	

SUB TOTAL of Receipts This Page (Optional) > **575.00**
TOTAL this Period (Last page this line number only) > **5,750.00**

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 Brokerage Firm Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006	Name of Employer Brokerage Firm Occupation	Date (Month day, Year) 04/30/97	Amount of Each Receipt this Period 1,503.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 2,795.71		
B. 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 > \$		
C. 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 > \$		
D. 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 > \$		
E. 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 > \$		
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).....>	1,503.32
TOTAL this Period (Last page this line number only).....>	1,503.32

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)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Scotty Baesler for Congress Suite A100 2365 Harrodsburg Rd. Lexington, KY 40504	Scotty Baesler, U.S. HOUSE 6th KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/10/97	500.00
Friends of Sherwood Boehlert P.O. Box C 6 Steuben Park Utica, NY 13503	Sherwood Boehlert, U.S. HOUSE 23rd NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/03/97	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) 1998	04/03/97	1,500.00
Boyd for Congress Committee P.O. Box 15703 Tallahassee, FL 32317-5703	Allen Boyd, U.S. HOUSE 2nd FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/10/97	500.00
Friends of Sherrod Brown 111 Edgfield Dr. Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/03/97	2,500.00
Friends of Chris Dodd 11 Prospect Street Middletown, CT 06457	Christopher J. Dodd, U.S. SENATE CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/03/97	1,000.00
Senator Gene Green Congressional Campaign P.O. Box 16128 Houston, TX 77222	Gene Green, U.S. HOUSE 29th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/10/97	1,000.00
Hefner For Congress Committee P.O. Box 3016 Concord, NC 28025	W.G. "Bill" Hefner, U.S. HOUSE 8th NC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/03/97	500.00
Hoyer for Congress 7905 Malcolm Rd. Ste. 102 Clinton, MD 20735	Stacy H. Hoyer, U.S. HOUSE 5th MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/10/97	1,000.00

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

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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FOR LINE NUMBER		23

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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
Friends of Sam Johnson P.O. Box 516145 Dallas, TX 75251	Sam Johnson, U.S. HOUSE 3rd TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/24/97	1,000.00
Congressman Kildee Committee P.O. Box 317 Flint, MI 48501	Dale E. Kildee, U.S. HOUSE 9th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/24/97	500.00
John McCain for U.S. Senate P.O. Box 32128 Phoenix, AZ 85064	John McCain, U.S. SENATE AZ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/24/97	1,000.00
Committee to Elect Mike McIntyre to Congress 3780 Berkley Lane Lumberton, NC 28358	Mike McIntyre, U.S. HOUSE 7th NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/10/97	500.00
Re-Elect Congressman Joe Moakley Committee 99 Summer Street, Suite 1250 Boston, MA 02110	Joe Moakley, U.S. HOUSE 9th MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/24/97	500.00
Friends of Connie Morella 7315 Wisconsin Ave. 450W Bethesda, MD 20814	Constance A. Morella, U.S. HOUSE 8th MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/17/97	500.00
Norwood for Congress 3643 Walton Way Extension Augusta, GA 30909	Charlie Norwood, U.S. HOUSE 10th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/03/97	1,000.00
Peterson for Congress Route 3 Box 47H Detroit Lakes, MN 56502	Collin C. Peterson, U.S. HOUSE 7th MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/03/97	1,000.00
Porter for Congress Committee Suite 201 910 Skokie Blvd. Northbrook, IL 60062	John Porter, U.S. HOUSE 10th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/10/97	2,500.00

SUB TOTAL of Disbursements this page (Optional).....> **8,500.00**

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
3	3
FOR LINE NUMBER	
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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 Disb. this Period
Committee to Re-Elect Congresswoman Marge Roukema P.O. Box 625 Ridgewood, NJ 07451	Marge Roukema, U.S. HOUSE 5th NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/24/97	1,000.00
B. Full Name, Mailing Address and Zip Code Shelby for U.S. Senate P.O. Box 1091 Tuscaloosa, AL 35403	Richard C. Shelby, U.S. SENATE AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/10/97	1,000.00
C. Full Name, Mailing Address and Zip Code Spence for Congress Committee P.O. Box 1475 Columbia, SC 29202	Floyd D. Spence, U.S. HOUSE 2nd SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/03/97	500.00
D. Full Name, Mailing Address and Zip Code Pete Stark Re-Election Committee P.O. Box 121 Hayward, CA 94543	Pete Stark, U.S. HOUSE 13th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/10/97	2,500.00
E. Full Name, Mailing Address and Zip Code Stupak for Congress P.O. Box 143 Menominee, MI 49858	Bart Stupak, U.S. HOUSE 1st MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/03/97	500.00
F. Full Name, Mailing Address and Zip Code Vainovich for Senate Committee 25201 Chagrin Blvd Cleveland, OH 44122	George V. Vainovich, U.S. SENATE OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/24/97	1,000.00
G. Full Name, Mailing Address and Zip Code Whitfield for Congress Committee 200 E. 9th Street Hopkinsville, KY 42240	Edward Whitfield, U.S. HOUSE 1st KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/03/97	500.00
H. Full Name, Mailing Address and Zip Code Friends of Roger Wicker P.O. Box 874 Tupelo, MS 38802	Roger Wicker, U.S. HOUSE 1st MS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/10/97	2,500.00
I. Full Name, Mailing Address and Zip Code Wynn for Congress , MD	Albert R. Wynn, U.S. HOUSE 4th MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/17/97	500.00

SUB TOTAL of Disbursements this page (Optional).....>	10,000.00
TOTAL this Period (Last page this line number only).....>	27,500.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
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<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
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JMW
PREPARER

5/19/97
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