

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

Nov 20 9 05 AM '95

<b>1. NAME OF COMMITTEE (in full)</b> PODIATRY POLITICAL ACTION COMMITTEE	<b>2. FEC IDENTIFICATION NUMBER</b> C00008839
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9312 OLD GEORGETOWN ROAD	<b>3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING the reporting period</b> 1/20/95 (date)
CITY, STATE and ZIP CODE BETHESDA, MD 20814-1621	

### 4. TYPE OF REPORT

(a)  April 15 Quarterly Report      Monthly Report Due On:

February 20     June 20       October 20  
 July 15 Quarterly Report     March 20     July 20       November 20  
 October 15 Quarterly Report     April 20     August 20     December 20  
 January 31 Year End Report     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>9/1/95</u> through <u>9/30/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 112,556.88
(b) Cash on Hand at Beginning of Reporting Period	\$ 108,028.63	
(c) Total Receipts (from line 19)	\$ 14,826.00	\$ 168,604.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 122,054.63	\$ 281,161.38
7. Total Disbursements (from Line 30)	\$ 15,215.21	\$ 174,321.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 106,839.42	\$ 306,839.42
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For information only: 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)	\$	
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		Date
Signature of Treasurer <i>John R. Carson</i>		10/20/95

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

95030070142

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

NAME OF COMMITTEE (in Full)  
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Louise Slaughter Re-Election Committee</b> 10th Floor One Exchange St. Rochester, NY 14614	<b>Louise Slaughter, U.S. HOUSE 28th NY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/04/95	500.00
<b>Levin for Congress</b> 30636 Deguindre Warren, MI 48092	<b>Sander M. Levin, U.S. HOUSE 12th MI</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/04/95	1,000.00
<b>Texas for Joe Barton</b> P.O. Box 1444 Ennis, TX 75129	<b>Joe L. Barton, U.S. HOUSE 6th TX</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/04/95	1,000.00
<b>Porter for Congress Committee</b> Suite 201 910 Skokie Blvd. Northbrook, IL 60062	<b>Edward Porter, U.S. HOUSE 10th IL</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/11/95	2,500.00
<b>Friends for Houghton</b> P.O. Box 1107 Corning, NY 14830	<b>Amory Houghton, Jr., U.S. HOUSE 31st NY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/11/95	1,000.00
<b>Knollenberg for Congress Committee</b> Suite 314-B 24901 Northwestern Southfield, MI 48075	<b>Joseph K. Knollenberg, U.S. HOUSE 11th MI</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/11/95	1,000.00
<b>Friends of Farr Committee</b> Suite 350 300 Capitol Mall Sacramento, CA 95814	<b>Sam Farr, U.S. HOUSE 17th CA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/11/95	500.00
<b>McCrery for Congress</b> 1900 CNB Tower 33 Texas Street Shreveport, LA 71101	<b>James O. McCrery, III, U.S. HOUSE 5th LA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/95	1,000.00
<b>John Lewis for Congress</b> 1520 Pinhurst Drive, SW Atlanta, GA 30311	<b>John Lewis, U.S. HOUSE 5th GA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/95	500.00

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

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

9503007013

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE	OF
2	2
FOR LINE NUMBER	
23	

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NAME OF COMMITTEE (in Full)  
Pedestry Political Action Committee

95030070144

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Dan Miller Suite 200 1111 Third Avenue Bradenton, FL 34205	Dan Miller, U.S. HOUSE 13th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/95	500.00
B. Full Name, Mailing Address and Zip Code Citizens for Tom Petri P.O. Box 270 Fond Du Lac, WI 54935	Thomas E. Petri, U.S. HOUSE 6th WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/95	500.00
C. Full Name, Mailing Address and Zip Code Istook for Congress Committee Suite 100 5400 N. Grand Blvd. Oklahoma City, OK 73112	Ernest J. Istook, U.S. HOUSE 5th OK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/23/95	500.00
D. Full Name, Mailing Address and Zip Code Stupak for Congress P.O. Box 143 Menominee, MI 49858	Bart T. Stupak, U.S. HOUSE 1st MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/25/95	1,000.00
E. Full Name, Mailing Address and Zip Code Frank Riggs for Congress P.O. Box 590 Windsor, CA 95492	Frank D. Riggs, U.S. HOUSE 1st CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/25/95	500.00
F. Full Name, Mailing Address and Zip Code Friends of Conrad Burns P.O. Box 3311 Billings, MT 59103	Conrad Burns, U.S. SENATE MT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1994	09/25/95	2,500.00
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).....>	5,500.00
TOTAL this Period (Last page this line number only).....>	14,500.00

**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        |
| <input checked="" type="checkbox"/> First Class Mail                                | POSTMARKED<br>11-16-95 |
| <input type="checkbox"/> Registered/Certified Mail                                  | POSTMARKED             |
| <input type="checkbox"/> No Postmark  |                        |
| <input type="checkbox"/> Postmark Illegible   |                        |
| <input type="checkbox"/> Received from the House Office of Records and Registration | DATE OF RECEIPT        |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | DATE OF RECEIPT        |
| <input type="checkbox"/> Other (Specify):   | POSTMARKED             |
|   | and/or DATE OF RECEIPT |

*J.H.*  
 PREPARER

11-20-95  
 DATE PREPARED

95030070145