

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION
COMMISSION
WASH. DC 20543

Nov 20 9 06 AM '95

1. NAME OF COMMITTEE (In full) PODIATRY POLITICAL ACTION COMMITTEE	
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 20814-1621	3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING THE Reporting Period <u>1/20/95</u> (date)

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 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 checked="" 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>10/1/95</u> through <u>10/31/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 112,556.88
(b) Cash on Hand at Beginning of Reporting Period	\$ 106,633.42	
(c) Total Receipts (from line 19)	\$ 12,032.00	\$ 160,636.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 118,671.42	\$ 293,193.36
7. Total Disbursements (from Line 30)	\$ 27,914.44	\$ 202,236.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 90,956.98	\$ 90,956.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 909 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 		11/20/95

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

FEC FORM 3X

(revised 1/1/91)

95030070146

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE SENIATE POLITICAL ACTION COMMITTEE	REPORT COVERING PERIOD	
	FROM 01/95	TO 12/31/95
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees:		
i. Itemized (Use Schedule A)	3,650.00	75,549.00
ii. Unitemized	7,594.50	98,187.50
iii. Total (add i and ii) 0	11,244.50	173,736.50
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) 0	11,244.50	173,736.50
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	787.50	6,900.00
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) 0	12,032.00	180,636.50
20. Total Federal Receipts (subtract line 18 from line 19) 0	12,032.00	180,636.50
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4):		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	414.44	4,386.40
c. Total Operating Expenditures (Add a i, a ii, and b) 0	414.44	4,386.40
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	27,500.00	197,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-	350.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) 0	-0-	350.00
29. Other Disbursements	-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) 0	27,914.44	202,236.40
31. Total Federal Disbursements (subtract line 21 a ii from line 30) 0	27,914.44	202,236.40
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	11,244.50	173,736.50
33. Total Contribution Refunds (from line 28d)	-0-	350.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,244.50	173,386.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) 0	414.44	4,386.40
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) 0	414.44	4,386.40

95030070147

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports and Statements may not be valid 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

95030070118

A. Full Name, Mailing Address and Zip Code James M. Sowka DPM 52 Sunset Blvd. Stevens Point, WI 54481-2379	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 10/01/95	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 Frederick D. Rosecrantz DPM 318 Chestnut St. Roselle Park, NJ 07204-1904	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 10/01/95	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
C. Full Name, Mailing Address and Zip Code Steve R. Feller DPM 7507 Custer Rd., W. Tacoma, WA 98467-2742	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 10/01/95	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 > \$ 650.00		
D. Full Name, Mailing Address and Zip Code Harold Huff DPM 777 North 5th Avenue Sequim, WA 98382-3002	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 10/01/95	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
E. Full Name, Mailing Address and Zip Code Richard L. Kuhn DPM Medical Park, #17 Valley, AL 36854	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 10/02/95	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 750.00		
F. Full Name, Mailing Address and Zip Code Michael G. Leinonen DPM 2803 Thames Troy, MI 48063	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 10/02/95	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		
G. Full Name, Mailing Address and Zip Code Bruce E. Waxman DPM 29 Blackthorn Loop Wappingers Falls, NY 12590-4226	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 10/09/95	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)> 2,000.00

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 2 OF 2
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

9.5030070149

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Daniel Zahari DPM 13330 Eureka Rd Southgate, MI 48195-1310	Self-Employed Occupation Podiatrist	10/11/95	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		550.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
John A. Lindholm DPM 6713 Odana Rd. Madison, WI 53719-1052	Self-Employed Occupation Podiatrist	10/16/95	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		300.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Paul E. Bodamer, Sr. DPM 2605 Parkwood Dr. Brunswick, GA 31520-4726	Self-Employed Occupation Podiatrist	10/16/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Donald A. Schubert DPM 420 E. Frank St. Birmingham, MI 48009-1732	Self-Employed Occupation Podiatrist	10/23/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Bruce N. Kramer DPM 218 3rd Street, SE, #2 Washington, DC 20003	Self-Employed Occupation Podiatrist	10/26/95	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Richard N. Goad DPM 730 N. Main Ave., #824 San Antonio, TX 78205-1117	Self-Employed Occupation Podiatrist	10/26/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Lawrence Lloyd DPM 2117 E. 5th Anderson, IN 46012	Self-Employed Occupation Podiatrist	10/26/95	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).....> 1,650.00

TOTAL (this Period (Last page this line number only)).....> 3,650.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in full)
Pediatry Political Action Committee

95030070150

A. Full Name, Mailing Address and Zip Code South Harney 280 Trumbull Street Hartford, CT 06103	Name of Employer Occupation Investment Firm	Date (Month day, Year) 10/31/95	Amount of Each Receipt this Period 787.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 6,900.00		
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) >	787.50
TOTAL this Period (Last page this line number only) >	787.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
1	1
FOR LINE NUMBER	
21B	

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 Smith Barney 330 Trumbull Street Hartford, CT 06103	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 10/31/95	Amount of Each Disb. this Period 414.44
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).....>	414.44
TOTAL this Period (Last page this line number only).....>	414.44

95030070151

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
Jan Meyers for Congress Committee Box 4184 Overland Park, KS 66204	Jan M.C. Meyers, U.S. HOUSE 3rd KS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/02/95	500.00
B. Full Name, Mailing Address and Zip Code Friends of Blanche L. Lincoln 622 Pecan Street, #106 Helena, AR 72342	Blanche L. Lincoln, U.S. HOUSE 1st MT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/02/95	500.00
C. 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	10/02/95	500.00
D. Full Name, Mailing Address and Zip Code 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	10/02/95	500.00
E. Full Name, Mailing Address and Zip Code Citizens for Banning Suite 180 1717 Dixie Highway FL Wright, KY 41011	Jim Banning, U.S. HOUSE 4th KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/02/95	1,000.00
F. Full Name, Mailing Address and Zip Code Friends of Dave Weldon 1602 Willar Road, NW Palm Bay, FL 32907	Dave Weldon, U.S. HOUSE 15th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/02/95	1,000.00
G. Full Name, Mailing Address and Zip Code Committee to Re-Elect Michael Flanagan 350 N. LaSalle Street Suite 800 Chicago, IL 60610	Michael Patrick Flanagan, U.S. HOUSE 5th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/02/95	500.00
H. 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) 1996	10/02/95	500.00
I. Full Name, Mailing Address and Zip Code Hoosiers for Tim Roemer P.O. Box 4400 South Bend, IN 46634	Timothy J. Roemer, U.S. HOUSE 3rd IN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/02/95	1,000.00

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

950300701F2

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Fodiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Ken Bentsen for Congress Committee #301 5615 Morningglade Houston, TX 77005	Kenneth E. Bentsen, U.S. HOUSE 25th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/02/95	500.00
Citizens for Ron Klink #214 141 Renfer Street Pittsburgh, P7	Ronald P. Klink, U.S. HOUSE 4th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/02/95	500.00
Pallone for Congress 540 Broadway Long Branch, NJ 07740	Frank Pallone, U.S. HOUSE 6th NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/02/95	500.00
Knollenberg for Congress Committee Suite 314-B 24901 Northwestern Southfield, MI 48075	Joseph K. Knollenberg, U.S. HOUSE 11th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/09/95	1,000.00
Foglietta for Congress P.O. Box 40078 Philadelphia, PA 19106	Thomas M. Foglietta, U.S. HOUSE 1st PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/09/95	1,000.00
Rob Andrews for Congress Committee 20 Brace Road Suite 200 Cherry Hill, NJ 08034	Robert E. Andrews, U.S. HOUSE 1st NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/09/95	500.00
Friends of Clay Shaw 2600 N.E. 14th Street Cwy 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	10/09/95	500.00
Texas for Henry Bonilla 15643 Cloud Top San Antonio, TX 78248	Henry Bonilla, HOUSE 23rd TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/09/95	1,000.00
Ben Cardin for Congress 20 S. Charles Street 10th Floor Baltimore, MD 21201	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/09/95	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> 6,500.00

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

9503007015

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 Disb. this Period
Bill Frist for Senate Suite 306 4205 Hillsboro Road Nashville, TN 37215	Bill Frist, U.S. SENATE TN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1994	10/09/95	1,500.00
B. Full Name, Mailing Address and Zip Code Tom Coburn for Congress Committee 515 W. Okmulgee Muskogee, OK 74401	Thomas A. Coburn, U.S. HOUSE 2nd OK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/09/95	1,500.00
C. Full Name, Mailing Address and Zip Code Don Payne for Congress PO Box 2406 Newark, NJ 07114	Donald Payne, HOUSE 10th NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/16/95	500.00
D. Full Name, Mailing Address and Zip Code Martin Frost Campaign Committee P.O. Box 4219 Dallas, TX 75208	Martin J. Frost, U.S. HOUSE 24th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/16/95	1,000.00
E. Full Name, Mailing Address and Zip Code Reed Committee P.O. Box 8628 Cranston, RI 02920	John F. Reed, U.S. HOUSE 2nd RI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/16/95	1,000.00
F. Full Name, Mailing Address and Zip Code Friends of Corrine Brown 11248 West Edgewood Ave. Jacksonville, FL 32208	Corrine Brown, U.S. HOUSE 3rd FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/16/95	500.00
G. Full Name, Mailing Address and Zip Code Ward for Congress 1905 Deer Park Avenue Louisville, KY 40205	Mike Ward, U.S. HOUSE 3rd KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/16/95	1,000.00
H. Full Name, Mailing Address and Zip Code Peterson for Congress Route 3 Box 47H Detroit Lakes, MN 56502	Colin Clark Peterson, HOUSE 7th MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/16/95	500.00
I. Full Name, Mailing Address and Zip Code Congressman Bart Gordon Committee P.O. Box 2008 Murfreesboro, TN 37133	Barton J. Gordon, U.S. HOUSE 6th TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/16/95	500.00

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

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

95030970134

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 23

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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
Hoyer for Congress 7905 Malcolm Rd. Ste. 102 Clinton, MD 20735	Steny Hoyer, HOUSE 5th MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/16/95	500.00
B. Full Name, Mailing Address and Zip Code Friends for Franks P.O. Box 2743 Waterbury, CT 06723	Gary A. Franks, U.S. HOUSE 5th CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/16/95	500.00
C. Full Name, Mailing Address and Zip Code Ehlers for Congress P.O. Box 3340 Grand Rapids, MI 49501	Vernon J. Ehlers, U.S. HOUSE 3rd MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/20/95	500.00
D. Full Name, Mailing Address and Zip Code Friends of Roger Wicker P.O. Box 874 Tupelo, MS 38802	Roger F. Wicker, U.S. HOUSE 1st MS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/20/95	1,000.00
E. 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) 1996	10/27/95	1,000.00
F. Full Name, Mailing Address and Zip Code Danner for Congress P.O. Box 143 Smithville, MO 64080	Pat Danner, U.S. HOUSE 6th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/27/95	500.00
G. Full Name, Mailing Address and Zip Code Duncan for Congress P.O. Box 2646 Knoxville, TN 37901	John J. Duncan, U.S. HOUSE 2nd TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/27/95	500.00
H. Full Name, Mailing Address and Zip Code Citizens for Kasich 865 Macon Alley Columbus, OH 43206	John R. Kasich, U.S. HOUSE 12th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/27/95	1,500.00
I. Full Name, Mailing Address and Zip Code Lewis for Congress Committee P.O. Box 247 Redlands, CA 92373	Jerry Lewis, U.S. HOUSE 40th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/27/95	1,000.00

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

TOTAL this Period (Last page this line number only).....> 27,500.00

95030070155

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 11-16-95
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<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
<p><i>JEB.</i></p>		11-20-95
PREPARER		DATE PREPARED

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