

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised 11/1/91

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Pediatry Political Action Committee	FROM: 03/01/96	TO: 03/31/96
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)	21,900.00	54,785.00
ii. Unitemized	40,817.24	93,446.07
iii. Total (add i and ii)	62,717.24	148,231.07
h. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add iii, h and c)	62,717.24	148,231.07
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.)	1,898.75	1,898.75
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)	64,615.99	150,129.82
20. Total Federal Receipts (subtract line 16 from line 19)	64,615.99	150,129.82
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	27.60	764.31
c. Total Operating Expenditures (Add a, ii, and b)	27.60	764.31
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	48,000.00	80,000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(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	350.00	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)	350.00	450.00
29. Other Disbursements	0.00	2,062.50
30. Total Disbursements (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	48,377.60	83,276.81
31. Total Federal Disbursements (Subtract line 21 aii from line 30)	48,377.60	83,276.81
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d)	62,717.24	148,231.07
33. Total Contribution Refunds (from line 28d)	350.00	450.00
34. Net Contributions (Other than loans) (subtract line 33 from 32)	62,367.24	147,781.07
35. Total Federal Operating Expenditures (add 21 ai and 21 b)	27.60	764.31
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35)	27.60	764.31

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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

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A. Full Name, Mailing Address and Zip Code Thomas Jacobs 700 Center St., Suite 506 Columbus, GA 31901-1545	Name of Employer Self-Employed	Date (Month day, Year) 03/01/96	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)			
B. Full Name, Mailing Address and Zip Code Edward Nieuwenhuis DPM 385 Clinton Ave. Wyckoff, NJ 07481-1934	Name of Employer Self-Employed	Date (Month day, Year) 03/01/96	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)			
C. Full Name, Mailing Address and Zip Code Gregory Spain DPM 235 Humphrey Rd. Two Pineview Pl., #4 Greensburg, PA 15601-4579	Name of Employer Self-Employed	Date (Month day, Year) 03/04/96	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 Joan McNeela-Herring DPM 1717 Garden St. Titusville, FL 32796-5002	Name of Employer Self Employed	Date (Month day, Year) 03/04/96	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)			
E. Full Name, Mailing Address and Zip Code Janet Slonon DPM 121 Sycamore, N.E. Albuquerque, NM 87106	Name of Employer Self Employed	Date (Month day, Year) 03/05/96	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)			
F. Full Name, Mailing Address and Zip Code Gregory Worley DPM 808 Scott Blvd. Covington, KY 41011-2437	Name of Employer N. KY Foot Specialists	Date (Month day, Year) 03/05/96	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)			
G. Full Name, Mailing Address and Zip Code Matthew Connolly DPM 1419 Alexandria Pike Fort Thomas, KY 41075-2540	Name of Employer Self Employed	Date (Month day, Year) 03/05/96	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)			

SUB TOTAL of Receipts This Page (Optional).....>	2,150.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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FOR LINE NUMBER		
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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Norman Koroblat DPM 3666 Hwy. 5, #101 Douglasville, GA 30135-2364	Arkle & Foot Specialists-Douglas County Occupation Podiatrist	03/05/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Paul Bodamer, Sr. DPM 2605 Parkwood Dr. Brunswick, GA 31520-4726	DBA/Parkwood Podiatry Associates Occupation Podiatrist	03/05/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Jay Levine DPM 8 Argow Pl. Nanuet, NY 10954-3606	Self Employed Occupation Podiatrist	03/06/96	225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
Robert Hier DPM 16 Monica Dr. Edison, NJ 08820-3224	Self-Employed Occupation Podiatrist	03/06/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Joseph D'Amico DPM 333 W. 57th St. New York, NY 10019-3159	Self-Employed Occupation Podiatrist	03/06/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
Mark Majeski DPM 618 Main St. Toms River, NJ 08753-7456	Self Employed Occupation Podiatrist	03/06/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
Ross Taubman DPM 2 Knoll Dr., N. Columbia, MD 21045-2209	Self Employed Occupation Podiatrist	03/06/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
SUB TOTAL of Receipts This Page (Optional).....>			1,875.00
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

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A. Full Name, Mailing Address and Zip Code Maureen Crotty DPM 4302 S. Peoria Tulsa, OK 74105-3924		Name of Employer Green Country Podiatry Center, P.C.	Date (Month day, Year) 03/06/96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 500.00	
B. Full Name, Mailing Address and Zip Code Jerauld Ferritto DPM 3184 W. Broad St. Columbus, OH 43204-1327		Name of Employer Self Employed	Date (Month day, Year) 03/07/96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation _____	Aggregate Year-to-date > \$ 500.00	
C. Full Name, Mailing Address and Zip Code Steven Seltzer DPM 754 McGuire Pl. Newport News, VA 23601-1630		Name of Employer Affiliated Podiatrists, P.C.	Date (Month day, Year) 03/07/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
D. Full Name, Mailing Address and Zip Code Brian Cornell DPM 55 Memorial Blvd. Newport, RI 02840-3679		Name of Employer Self-Employed	Date (Month day, Year) 03/07/96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 500.00	
E. Full Name, Mailing Address and Zip Code Edward Smith, Jr. DPM 148 Park St. Springfield, VT 05156-3034		Name of Employer Self Employed	Date (Month day, Year) 03/08/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
F. Full Name, Mailing Address and Zip Code Robert Swanson DPM 301 S. Roosevelt Rd. Beaver Dam, WI 53916-2442		Name of Employer Beaver Dam Podiatry Clinic, Ltd.	Date (Month day, Year) 03/08/96	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
G. Full Name, Mailing Address and Zip Code John Matzlack DPM 1146 Foxchase Rd. Rydal, PA 19046-3324		Name of Employer Self-Employed	Date (Month day, Year) 03/08/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	

SUB TOTAL of Receipts This Page (Optional).....>	2,550.00
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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Russell Barone DPM 600 Fifth Ave., W. Hendersonville, NC 28739-4206	Hendersonville Podiatry	03/08/96	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
James Christina DPM 5640 Nicholson Lane, #10 Rockville, MD 20852-2952	White Flint Podiatry Center	03/08/96	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
Thomas Redmond DPM 333 Turwill Lane Kalamazoo, MI 49006-4231	Kalamazoo Podiatry, P.C.	03/11/96	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
James Bruyn DPM 450 N. 11th St. Beaumont, TX 77702-1804	Beaumont Foot Specialists	03/11/96	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
Brian Deschamps DPM 43 W. Main St., Suite 10 Rockville, CT 06066-3549	Self-Employed	03/11/96	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
Philip Sextro DPM Grand Island Foot Clinic 659 N. Orleans Dr. Grand Island, NE 68803-3407	Self Employed	03/11/96	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
Steven Cangiano DPM 579 Bergen Blvd. Ridgefield, NJ 07657-2020	Self-Employed	03/12/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00

SUB TOTAL of Receipts This Page (Optional).....>	1,650.00
TOTAL this Period (Last page this line number only).....>	

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)

Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Wayne Marchand DPM 48 Auburn St. Auburn, MA 01501-2438	Self Employed	03/12/96	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
David Wellikoff DPM 1133 S. Baker St. McMinnville, OR 97128-6805	Yamhill County Foot Health Center	03/12/96	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
Otto Hall DPM 8595 Picardy Ave, Suite 440 Baton Rouge, LA 70809	Self-employed	03/12/96	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
Carol LaRose DPM 6160 S. Yale Tulsa, OK 74136	Self Employed	03/13/96	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
William Jones DPM 1218 N. Florence Claremore, OK 74017-4216	Self-Employed	03/13/96	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
Loren Rogers DPM 218 E. Front St., #105 Missoula, MT 59802-4402	Self-Employed	03/13/96	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
Phillip Radovic DPM 665 Camino De Los Mares, #309 San Clemente, CA 92673-2841	Calif. Foot & Ankle Podiatry Center	03/13/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00

SUB TOTAL of Receipts This Page (Optional)..... > **1,675.00**

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

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A. Full Name, Mailing Address and Zip Code Gary Grippo DPM 270 Center St., Suite 110 West Haven, CT 06516-4400	Name of Employer Self-Employed	Date (Month day, Year) 03/15/96	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
B. Full Name, Mailing Address and Zip Code Mark Yeske DPM 714 S.W. Durian Ave. Pendleton, OR 97801-2039	Name of Employer Blue Mountain Foot Specialists	Date (Month day, Year) 03/18/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
C. Full Name, Mailing Address and Zip Code Darjo Vanderwilt DPM 718 Lomas Blvd., N.W., #A Albuquerque, NM 87102-2073	Name of Employer Family Foot Health Specialists	Date (Month day, Year) 03/18/96	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
D. Full Name, Mailing Address and Zip Code Fattah Miriam DPM 1219 Rockingham Rd., #9 Rockingham, NC 28379-4925	Name of Employer Richmond Foot Clinic	Date (Month day, Year) 03/18/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
E. Full Name, Mailing Address and Zip Code Theresa Cooroy DPM 531 E. Gates St. Philadelphia, PA 19128-2510	Name of Employer Self Employed	Date (Month day, Year) 03/19/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
F. Full Name, Mailing Address and Zip Code Charles Cavicchio DPM 1492 Mineral Spring Ave. North Providence, RI 02904-3130	Name of Employer Self Employed	Date (Month day, Year) 03/19/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
G. Full Name, Mailing Address and Zip Code Mark Haas DPM 121 Sycamore St., N.E. Albuquerque, NM 87106-4622	Name of Employer Albuquerque Assoc. Podiatrists	Date (Month day, Year) 03/19/96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	500.00

SUB TOTAL of Receipts This Page (Optional).....> **2,100.00**

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 8 OF 12
FOR LINE NUMBER 1161

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Leonard Yurofsky DPM 26621 Southfield Rd. Lathrup Village, MI 48076-4530	Self Employed	03/19/96	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 Thompson DPM 3535 30th Ave., Suite 203 Kenosha, WI 53144-1620	Kenosha Medical Park	03/19/96	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
Richard Miller DPM 717 S. Torrence St. Charlotte, NC 28204-3071	Carmel Foot Specialists, P.A.	03/19/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
Gregory Bryan DPM 2508 Bert Kouns, #204 Shreveport, LA 71118-6109	American Foot Health Specialist	03/19/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
Michael Lerner DPM 622 Boulevard Kenilworth, NJ 07033-1640	Self-Employed	03/19/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	400.00
Holly Albrecht DPM P.O. Box 411544 St. Louis, MO 63141	Self-Employed	03/20/96	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
Richard Rogers DPM 6100 Jonestown Rd., Suite B Harrisburg, PA 17112-2632	Self-Employed	03/20/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00

SUB TOTAL of Receipts This Page (Optional).....>	1,950.00
TOTAL this Period (Last page this line number only).....>	

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Eric Nelson DPM 1450 Bancroft Ave. San Leandro, CA 94577-5106	Self Employed	03/22/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
Steven Vines DPM 11011 Gonzales Rd., #106 Oxnard, CA 93030	Self Employed	03/22/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
Patrick Ginney DPM 7210 Turfway Rd. Lower Level Florence, KY 41042-1695	Self-Employed	03/22/96	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
Richard Peffley DPM 560 Winter St., SE., Suite 3 Salem, OR 97302	Self-Employed	03/25/96	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
Jay Berenter DPM 9850 Genesee Ave., #360 La Jolla, CA 92037	Self Employed	03/25/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	300.00
Mark Smith DPM 136 Jackson St., #4 Oshkosh, WI 54901-4714	Self Employed	03/25/96	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
John Saeva DPM 1814 Mission 66 Vicksburg, MS 39180-4802	Self Employed	03/25/96	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
SUB TOTAL of Receipts This Page (Optional).....>			1,775.00
TOTAL this Period (Last page this line number only).....>			

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Billy Westbrook DPM 812 E. Marshall Ave. Longview, TX 75601-5546</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 > \$ 550.00</p>	<p>Date (Month day, Year) 03/25/96</p>	<p>Amount of Each Receipt this Period 225.00</p>
<p>B. Full Name, Mailing Address and Zip Code Joseph Sciandra DPM 100 Four Seasons, E. Amherst, NY 14226-4276</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 > \$ 250.00</p>	<p>Date (Month day, Year) 03/25/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Francis Bramlett DPM 4119 Montrose Blvd., #117 Houston, TX 77006-4736</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 > \$ 250.00</p>	<p>Date (Month day, Year) 03/26/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Richard Goad DPM 730 N. Main Ave., #824 San Antonio, TX 78205-1117</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer South Texas Podiatry Associates</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 03/26/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Gary Lepow DPM 6624 Fannin St., Suite 1690 Houston, TX 77030-2328</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Lepow Podiatric Medical Associates</p> <p>Occupation Podiatrist</p> <p>Aggregate Year to date > \$ 250.00</p>	<p>Date (Month day, Year) 03/26/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Ronald Lepow DPM 6624 Fannin St., Suite 1690 Houston, TX 77030-2328</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Lepow Podiatric Medical Associates</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 03/26/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Randal Lepow DPM 6624 Fannin St., Suite 1690 Houston, TX 77030-2328</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Lepow Podiatric Medical Associates</p> <p>Occupation Podiatrist</p> <p>Aggregate Year to date > \$ 250.00</p>	<p>Date (Month day, Year) 03/26/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>1,725.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 12
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 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)
Portlary Political Action Committee

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A. Full Name, Mailing Address and Zip Code Spencer Nichols DPM 106 Southpark Dr. Brownwood, TX 76801-5918	Name of Employer Brownwood Foot Care Center Occupation Podiatrist	Date (Month day, Year) 03/26/96	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 Henry Swift, II DPM 929 Manor Dr., #15 San Antonio, TX 78228-3259	Name of Employer Self Employed Occupation Podiatrist	Date (Month day, Year) 03/26/96	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 Billy Westbrook DPM 812 E. Marshall Ave. Longview, TX 75601-5546	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 03/26/96	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 > \$ 550.00	
D. Full Name, Mailing Address and Zip Code David Blackmer DPM 1501 Highland Ave., Suite E Burley, ID 83318	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 03/28/96	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	
E. Full Name, Mailing Address and Zip Code Randall Stroot DPM 1852 N.W. Sixth St. Grants Pass, OR 97526-1038	Name of Employer Self Employed Occupation Podiatrist	Date (Month day, Year) 03/28/96	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	
F. Full Name, Mailing Address and Zip Code David Alper DPM 1 Oak Ave. Belmont, MA 02178-2751	Name of Employer Self Employed Occupation Podiatrist	Date (Month day, Year) 03/28/96	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 Randall Torre DPM 900 Kiely Blvd., Bldg. D Santa Clara, CA 95051-5329	Name of Employer Self Employed Occupation Podiatrist	Date (Month day, Year) 03/29/96	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 > \$ 500.00	

SUB TOTAL of Receipts This Page (Optional).....> **2,150.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be 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

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A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, Year)	Amount of Each Receipt this Period
John McGarry DPM 950 E. Harvard, Suite 400 Denver, CO 80210-7004	Self-Employed	03/29/96	225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
Kenneth Sengplehl DPM 2366 Nicholasville Rd., #503 Lexington, KY 40503-3063	Self Employed	03/29/96	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
C. 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 > \$	
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).....>			475.00
TOTAL this Period (Last page this line number only).....>			21,900.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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

NAME OF COMMITTEE (in full)
Pediatry Political Action Committee

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<p>A. Full Name, Mailing Address and Zip Code Smith-Barney Smith-Barney 280 Trumbull Street Hartford, CT 06103</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Investment Firm</p> <p>Occupation Investment Firm</p> <p>Aggregate Year-to-date > \$ 1,898.75</p>	<p>Date (Month day, Year) 03/31/96</p>	<p>Amount of Each Receipt this Period 1,898.75</p>
<p>B. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-date > \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-date > \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-date > \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-date > \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-date > \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-date > \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUB TOTAL of Receipts This Page (Optional).....></p>	<p>1,898.75</p>
<p>TOTAL this Period (Last page this line number only).....></p>	<p>1,898.75</p>

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

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A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Smith Barney 280 Trumbull Street Hartford, CT 06103	Interest Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	03/31/96	27.60
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).....>	27.60
TOTAL this Period (Last page this line number only).....>	27.60

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Podiatry Political Action Committee

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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	Henry Scott Baesler, U.S. HOUSE 6th KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/25/96	1,000.00
Re-Elect Brian Bilbray for Congress 12780 High Bluff Drive #270 San Diego, CA 92130	Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	500.00
Friends of John Boehner 7908 Cincinnati-Dayton Rd West Chester, OH 45069	John Andrew Boehner, U.S. HOUSE 8th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
Sam Brownback For Congress P.O. Box 2008 Topeka, KS 66601	Samuel Dale Brownback, U.S. HOUSE 2nd KS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/19/96	500.00
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	03/11/96	1,000.00
Committee to Elect Winston Bryant P.O. Box 34083 Little Rock, AR 72203	Winston Bryant, U.S. SENATE AR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/19/96	2,500.00
Dave Camp for Congress '96 5915 Eastman Avenue Suite 100 Midland, MI 48640	Dave Camp, U.S. HOUSE 4th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	500.00
Clark For U.S. Senate P.O. Box 381181 Birmingham, AL 35238	Walter Clark, U.S. SENATE AL Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1996	03/19/96	5,000.00
Clark For U.S. Senate P.O. Box 381181 Birmingham, AL 35238	Walter Clark, U.S. SENATE AL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/19/96	5,000.00

SUB TOTAL of Disbursements this page (Optional).....>	17,000.00
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

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FOR LINE NUMBER	
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NAME OF COMMITTEE (in Full)
Paritary 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 Max Cleland P.O. Box 7843 Atlanta, GA 30357	Max Cleland, U.S. SENATE GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/19/96	2,500.00
Tom Coburn for Congress Committee 515 W. Okmulgee Muskegee, 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	03/11/96	1,000.00
Doggett For U.S. Congress Committee P.O. Box 5843 Austin, TX 78703	Lloyd Doggett, U.S. HOUSE 10th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/19/96	500.00
Friends of Jennifer B. Dunn P.O. Box 40110 Bellevue, WA 98004	Jennifer B. Dunn, U.S. HOUSE 8th WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/29/96	500.00
John Ensign for Congress 8917 Stafford Springs Dr. Las Vegas, NV 89134	John Ensign, U.S. HOUSE 1st NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
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	03/11/96	500.00
People for Ganske 5907 Grand Avenue Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
Ben Graber for U.S. Congress , FL	Ben Graber, U.S. HOUSE 19th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/04/96	1,000.00
Gutknecht For U.S. Congress P.O. Box 6428 Rochester, MN 55903	Gilbert William Gutknecht, U.S. HOUSE 1st MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/29/96	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

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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
Friends of Jane Harman 5200 W. Century Bl. #370 Los Angeles, CA 90045	Jane Harman, U.S. HOUSE 36th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
J.D. Hayworth for Congress P.O. Box 9207 Mesa, AZ 85214	John David Hayworth, U.S. HOUSE 6th AZ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/04/96	1,000.00
Friends for Houghton P.O. Box 1107 Corning, NY 14830	Amory Houghton, Jr., U.S. HOUSE 31st NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
Hoyer for Congress 7905 Malcolm Rd. Ste. 102 Clinton, MD 20735	Steny Hoyer, U.S. HOUSE 5th MD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	500.00
Hutchinson for Congress Committee 309 Razorback Bentonville, AR 72712	Y. Tim Hutchinson, U.S. HOUSE 3rd AR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	500.00
Tim Johnson for South Dakota P.O. Box 88113 Sioux Falls, SD 57105	Tim Johnson, U.S. SENATE SD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/19/96	2,500.00
Friends of Patrick Kennedy P.O. Box 1356 Providence, RI 02901	Patrick J. Kennedy, U.S. HOUSE 1st RI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	500.00
Congressman Kildee Committee P.O. Box 317 Flint, MI 48501	Dale Edward Kildee, U.S. HOUSE 9th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	500.00
Citizens for Ron Klink #214 141 Renfer Street Pittsburgh, PA	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	03/11/96	500.00

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

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Ike Skelton For Congress Committee P.O. Box A Harrisonville, MO 64701	Ike Skelton, U.S. HOUSE 4th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	500.00
B. Full Name, Mailing Address and Zip Code Citizens for Arlen Specter 1998 111 South 15th St., Suite #44 Philadelphia, PA 19102	Arlen Specter, U.S. SENATE PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
C. Full Name, Mailing Address and Zip Code Jim Turner for Congress P.O. Box 780 Crockett, TX 75685	Jim Turner, U.S. SENATE TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/04/96	1,000.00
D. 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	03/29/96	1,000.00
E. Full Name, Mailing Address and Zip Code Friends of Dave Weldon 1602 Williar 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	03/11/96	1,000.00
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).....>	4,500.00
TOTAL this Period (last page this line number only).....>	48,000.00

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)
Political Political Action Committee

9403040215

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Gregory Amaranas 2740 W. Foster Ave. #31D Chicago, IL 60625	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	03/29/96	300.00
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).....>	300.00
TOTAL this Period (Last page this line number only).....>	300.00

**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.

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and/or DATE OF RECEIPT

SLD 4-17-96
 PREPARER DATE PREPARED

94030400216