

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEDERAL ELECTION COMMISSION  
1996

JUL 11 10 43 AM '97

1. NAME OF COMMITTEE (in full) Podiatry Political Action Committee		2. FEC IDENTIFICATION NUMBER C00008839
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9312 Old Georgetown Road		
CITY, STATE and ZIP CODE Bethesda, MD 20814-1695		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 100)

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>06/01/96</u> through <u>06/30/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 73,570.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 162,252.01	
(c) Total Receipts (from line 19)	\$ 22,765.84	\$ 244,251.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 185,017.85	\$ 317,822.23
7. Total Disbursements (from Line 20)	\$ 39,500.00	\$ 172,304.38
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 145,517.85	\$ 145,517.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
I 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		
Signature of Treasurer <i>John R. Carson</i>		Date 7-9-96

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

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE <i>Fairfax Political Action Committee</i>	REPORT COVERING PERIOD	
	FROM: 06/01/96	TO: 06/30/96
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	5,075.00	87,916.50
ii. Unitemized.....	7,584.84	141,885.96
iii. Total.....[add i and ii]>	12,659.84	229,802.46
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....[add iii, b and c]>	12,659.84	229,802.46
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.....	10,000.00	10,000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	106.00	4,449.09
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....[add 11d, 12, 13, 14, 15, 16, 17, and 18]>	22,765.84	244,251.55
20. Total Federal Receipts.....[subtract line 18 from line 19]>	22,765.84	244,251.55
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	0.00	791.88
c. Total Operating Expenditures.....[Add ai, aii, and b]>	0.00	791.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39,500.00	169,000.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	450.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds.....[Add a, b, and c]>	0.00	450.00
29. Other Disbursements.....	0.00	2,062.50
30. Total Disbursements.....[Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29]>	39,500.00	172,304.38
31. Total Federal Disbursements.....[Subtract line 21 ai from line 30]>	39,500.00	172,304.38
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans)(from line 11d).....	12,659.84	229,802.46
33. Total Contribution Refunds (from line 28d).....	0.00	450.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	12,659.84	229,352.46
35. Total Federal Operating Expenditures.....[add 21 ai and 21 b]>	0.00	791.88
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....[subtract line 36 from 35]>	0.00	791.88

**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 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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>Andrew Schink DPM</b> 1680 Chambers St., Suite 201 Eugene, OR 97402-3655		06/04/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	250.00
<b>David Wellikoff DPM</b> 1133 S. Baker St. McMinnville, OR 97128-6805	<b>Yamhill County Foot Health Center</b>	06/04/96	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	375.00
<b>John Carroll DPM</b> 6005 Monckova Rd. Maumee, OH 43537-1864	<b>Podiatric Assoc. of North West OH, Inc.</b>	06/05/96	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
<b>Andrew Harrison DPM</b> 4986 Cherry Ave. San Jose, CA 95118	<b>Self-Employed</b>	06/07/96	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
<b>Zackwie Parr DPM</b> P.O. Box 1007 Poplar Bluff, MO 63902-1007	<b>Poplar Bluff Podiatry Clinic</b>	06/07/96	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
<b>Edward Younghaus DPM</b> 19 Yawps Ave. Oakland, NJ 07436-2741	<b>Self Employed</b>	06/07/96	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
<b>Richard Moorehead DPM</b> 1061 Main St. Wheeling, WV 26003-2701	<b>Wheeling Foot Clinic</b>	06/07/96	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	299.00

SUB TOTAL of Receipts This Page (Optional).....>	1,000.00
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

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NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

<b>A. Full Name, Mailing Address and Zip Code</b> Leon Hickey DPM Concord Hospital, Suite 203 248 Pleasant St. Concord, NH 03301-2548	Name of Employer Affiliates in Podiatry, P.C.	Date (Month day, Year) 06/07/96	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)			
<b>B. Full Name, Mailing Address and Zip Code</b> Steven Kelso DPM 1020 29th St., #580 Sacramento, CA 95816-5125	Name of Employer Sacramento Sierra Medical Group	Date (Month day, Year) 06/07/96	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)			
<b>C. Full Name, Mailing Address and Zip Code</b> Michael Sherwin DPM 905 George St. De Pere, WI 54115-2917	Name of Employer Family Foot Care	Date (Month day, Year) 06/11/96	Amount of Each Receipt this Period  100.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>D. Full Name, Mailing Address and Zip Code</b> Roderick Farley DPM FRP of New Mexico, Inc. 8800 Montgomery Blvd., N.E. Albuquerque, NM 87111	Name of Employer Self Employed	Date (Month day, Year) 06/11/96	Amount of Each Receipt this Period  125.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>E. Full Name, Mailing Address and Zip Code</b> Edward J. Hynes DPM 1418 S. State St. Dover, DE 19901-4914	Name of Employer Dover Podiatry Group	Date (Month day, Year) 06/17/96	Amount of Each Receipt this Period  100.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>F. Full Name, Mailing Address and Zip Code</b> Thomas Fatone DPM 40 State St. Troy, NY 12180-3328	Name of Employer Self-Employed	Date (Month day, Year) 06/17/96	Amount of Each Receipt this Period  75.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>G. Full Name, Mailing Address and Zip Code</b> Terrance J. Benda DPM 1626 S. Main St. West Bend, WI 53095-4936	Name of Employer Self-Employed	Date (Month day, Year) 06/17/96	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)			

SUB TOTAL of Receipts This Page (Optional).....> 1,250.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code <b>Richard Charles DPM</b> 1711 Sheridan Blvd., #C Edgewater, CO 80214-1323	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>06/17/96</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
B. Full Name, Mailing Address and Zip Code <b>S. Miller DPM</b> 50 Berkshire Ct. Wyomissing, PA 19610-1219	Name of Employer <b>Berkshire Podiatry Center</b>	Date (Month day, Year) <b>06/17/96</b>	Amount of Each Receipt this Period  <b>300.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
C. Full Name, Mailing Address and Zip Code <b>Carl Sharp DPM</b> 37 E. Wilson Bridge Rd. Worthington, OH 43085-2301	Name of Employer <b>Worthington Podiatric Associates</b>	Date (Month day, Year) <b>06/17/96</b>	Amount of Each Receipt this Period  <b>150.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>375.00</b>		
D. Full Name, Mailing Address and Zip Code <b>Fred Marino DPM</b> 1034 N. Highland Ave., #B Murfreesboro, TN 37130-2443	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>06/17/96</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
E. Full Name, Mailing Address and Zip Code <b>Michael Dronlette DPM</b> 1145 19th St., N.W., Suite 203 Washington, DC 20036-3701	Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>06/17/96</b>	Amount of Each Receipt this Period  <b>75.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>225.00</b>		
F. Full Name, Mailing Address and Zip Code <b>Alan Balkansky DPM</b> 7201 W. Burleigh St. Milwaukee, WI 53210-1120	Name of Employer	Date (Month day, Year) <b>06/18/96</b>	Amount of Each Receipt this Period  <b>300.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
G. Full Name, Mailing Address and Zip Code <b>Leonard Simmons DPM</b> 1228 Country Club Rd. Fairmont, WV 26554-2377	Name of Employer	Date (Month day, Year) <b>06/20/96</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		

SUB TOTAL of Receipts This Page (Optional).....>	<b>1,575.00</b>
TOTAL this Period (Last page this line number only).....>	

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NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code <b>Richard Moorehead DPM</b> 1061 Main St. Wheeling, WV 26003-2701	Name of Employer <b>Wheeling Foot Clinic</b>	Date (Month day, Year) <b>06/20/96</b>	Amount of Each Receipt this Period  <b>50.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>299.00</b>		
B. Full Name, Mailing Address and Zip Code <b>Nicholas Camarinos DPM</b> 28-06 Ditmars Blvd. Astoria, NY 11105-2716	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>06/21/96</b>	Amount of Each Receipt this Period  <b>75.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
C. Full Name, Mailing Address and Zip Code <b>Stephen Smirlock DPM</b> 302 Richmond Ave. Staten Island, NY 10302-1705	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>06/24/96</b>	Amount of Each Receipt this Period  <b>75.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
D. Full Name, Mailing Address and Zip Code <b>Glenn DeVries DPM</b> 215 Howard Street Waupun, WI 53933	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>06/24/96</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
E. Full Name, Mailing Address and Zip Code <b>N. Vasenden DPM</b> 298 Prince Ave. Athens, GA 30601-2445	Name of Employer <b>Athens Podiatry, P.C.</b>	Date (Month day, Year) <b>06/24/96</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>500.00</b>		
F. Full Name, Mailing Address and Zip Code <b>Robert Marra DPM</b> 1379 Enfield St. Enfield, CT 06082-5524	Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>06/24/96</b>	Amount of Each Receipt this Period  <b>150.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
G. Full Name, Mailing Address and Zip Code <b>Richard Belli DPM</b> 50-10 Skillman Ave. Woodside, NY 11377-4156	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>06/26/96</b>	Amount of Each Receipt this Period  <b>150.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		

SUB TOTAL of Receipts This Page (Optional).....>	<b>1,000.00</b>
TOTAL this Period (Last page this line number only).....>	

**SCHEDULE A**

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NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code <b>Thomas P. Bruner DPM</b> <b>333 Fourth Ave., N.</b> <b>Jacksonville Beach, FL 32250-5621</b>	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>06/28/96</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>500.00</b>		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	<b>250.00</b>
TOTAL this Period (Last page this line number only).....>	<b>5,075.00</b>

**SCHEDULE A**

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NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code Walter Clark DPM 2012 Eighth Ct., S. Birmingham, AL 35205-2704	Name of Employer Birmingham Podiatry, P.C.	Date (Month day, Year) 06/17/96	Amount of Each Receipt this Period  5,000.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 10,500.00	

B. Full Name, Mailing Address and Zip Code Walter Clark DPM 2012 Eighth Ct., S. Birmingham, AL 35205-2704	Name of Employer Birmingham Podiatry, P.C.	Date (Month day, Year) 06/17/96	Amount of Each Receipt this Period  5,000.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 10,500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$	

SUB TOTAL of Receipts This Page (Optional).....>	10,000.00
TOTAL this Period (Last page this line number only).....>	10,000.00



**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 of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In full)  
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code <b>Smith-Barney</b> <b>280 Trumbull Street</b> <b>Hartford, CT 06103</b>	Name of Employer  Occupation <b>Investment Firm</b>	Date (Month day, Year) <b>06/30/96</b>	Amount of Each Receipt this Period   <b>106.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ <b>4,449.09</b>	
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).....>	<b>106.00</b>
TOTAL this Period (Last page this line number only).....>	<b>106.00</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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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
Allard for Congress Committee P.O. Box 32 Loveland, CO 80539	Wayne Allard, U.S. HOUSE 4th CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/14/96	2,000.00
B. Full Name, Mailing Address and Zip Code Missourians for Kit Bond 911 Main Street, Suite 1710 Kansas City, MO 64105	Kit Bond, U.S. SENATE MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/24/96	500.00
C. Full Name, Mailing Address and Zip Code Craig for U.S. Senate P.O. Box 2754 Boise, ID 83701	Larry E. Craig, U.S. SENATE ID Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/14/96	1,000.00
D. Full Name, Mailing Address and Zip Code Danner for Congress P.O. Box 143 Smithville, MO 64089	Pat Danner, U.S. HOUSE 6th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/28/96	500.00
E. Full Name, Mailing Address and Zip Code DeLahunt for Congress Committee 500 Victory Road Quincy, MA 02171	DeLahunt, U.S. HOUSE 10th MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/24/96	1,000.00
F. Full Name, Mailing Address and Zip Code Friends of Dick Durbin P.O. Box 1949 Springfield, IL 62705	Dick Durbin, U.S. SENATE IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/24/96	1,000.00
G. Full Name, Mailing Address and Zip Code Harry Eggleston for U.S. Congress Committee 4141 Old Highway 94 South St. Charles, MO 63304	Harry Eggleston, U.S. HOUSE 9th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/24/96	1,000.00
H. Full Name, Mailing Address and Zip Code 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	06/03/96	500.00
I. Full Name, Mailing Address and Zip Code Bob Etheridge for Congress Committee Post Office Drawer 1059 Lillington, NC 27546	Etheridge, U.S. HOUSE 2nd NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/24/96	1,000.00

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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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 Newt Gingrich 1085 Holcomb Bridge, Ste 190A Roswell, GA 30077	Newt Gingrich, GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/07/96	1,000.00
B. 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	06/28/96	1,000.00
C. Full Name, Mailing Address and Zip Code 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	06/07/96	2,500.00
D. Full Name, Mailing Address and Zip Code Friends of Ray LaHood Suite 10 3311 N. Sterling Ave. Peoria, IL 61604	Ray LaHood, U.S. HOUSE 18th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/07/96	500.00
E. Full Name, Mailing Address and Zip Code Longabaugh for Congress 1216 Central Parkway Cincinnati, OH 45210	Mark Longabaugh, U.S. HOUSE 1st OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/28/96	1,000.00
F. Full Name, Mailing Address and Zip Code Friends of Jim McDermott 710 9th St. SE Washington, DC 20003	Jim McDermott, HOUSE 7th WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/07/96	500.00
G. Full Name, Mailing Address and Zip Code Nebraskans for Nelson P.O. Box 250 Boystown, NE 68010	Ben Nelson, U.S. SENATE NE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/14/96	1,000.00
H. Full Name, Mailing Address and Zip Code Friends of John Peterson P.O. Box 295 Pleasantville, PA 16341	John Peterson, U.S. SENATE PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/28/96	1,000.00
I. Full Name, Mailing Address and Zip Code Kevin Quigley for Congress 1029 Springbrook Road Lake Stevens, WA 98258	Kevin Quigley, U.S. HOUSE 2nd WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/03/96	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> 9,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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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
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	06/14/96	1,500.00
B. Full Name, Mailing Address and Zip Code Reyes Congressional Campaign 303 Texas El Paso, TX 79901	Reyes, U.S. HOUSE TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/24/96	1,000.00
C. Full Name, Mailing Address and Zip Code Sandlin for Congress P.O. Box 1281 Marshall, TX 75671	Sandlin, U.S. HOUSE 1st TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/24/96	1,000.00
D. Full Name, Mailing Address and Zip Code Friends of Sessions Senate Committee	Jeffrey Sessions, U.S. SENATE AL Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1996	06/19/96	5,000.00
E. Full Name, Mailing Address and Zip Code Friends of Sessions Senate Committee	Jeffrey Sessions, U.S. SENATE AL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/19/96	5,000.00
F. Full Name, Mailing Address and Zip Code Louise Slaughter Re-Election Committee 10th Floor One Exchange St. Rochester, NY 14614	Louise Slaughter, U.S. HOUSE 28th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/07/96	500.00
G. Full Name, Mailing Address and Zip Code Stevens For Senate Committee P.O. Box 100879 Anchorage, AK 99510	Theodore Stevens, U.S. SENATE AK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/14/96	1,000.00
H. Full Name, Mailing Address and Zip Code Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	William M. Thomas, U.S. HOUSE 21st CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/28/96	2,000.00
I. Full Name, Mailing Address and Zip Code Thornberry for Congress P.O. Box 9392 Amarillo, TX 79105	William "Mac" Thornberry, U.S. HOUSE 13th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/14/96	500.00

SUB TOTAL of Disbursements this page (Optional) ..... > 17,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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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
Reelect Thurmond Committee P.O. Box 11691 Columbia, SC 29211	Strom Thurmond, U.S. SENATE SC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/07/96	1,000.00
B. 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/24/96	1,000.00
C. Full Name, Mailing Address and Zip Code Watkins for Congress Box WW Stillwater, OK 74076	Wes Watkins, U.S. HOUSE OK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/14/96	1,000.00
D. Full Name, Mailing Address and Zip Code Friends of Dave Weldon 1602 Wilder 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	06/07/96	1,000.00
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).....	4,000.00
TOTAL this Period (Last page this line number only).....	39,500.00

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

7/10/96

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

J.A.C.  
PREPARER

7/11/96  
DATE PREPARED