

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

MAR 20 12 33 PM '96

1. NAME OF COMMITTEE (in full) Podiatry Political Action Committee		2. FEC IDENTIFICATION NUMBER C00008930
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9312 Old Georgetown Road		
CITY, STATE and ZIP CODE Beltsville, MD 20814-1698		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM LM)

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>02/01/96</u> through <u>02/29/96</u>		
6. (a) Cash on Hand January 1, 1996		\$ 73,570.68
(b) Cash on Hand at Beginning of Reporting Period.....	\$ 75,585.81	
(c) Total Receipts (from line 19).....	\$ 73,658.83	\$ 87,113.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$ 149,244.64	\$ 160,684.51
7. Total Disbursements (from Line 3D).....	\$ 24,959.34	\$ 36,399.21
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))..	\$ 124,285.30	\$ 124,285.30
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 *John R. Carson* Date 3-19-96

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	REPORT COVERING PERIOD	
Parialry Political Action Committee	FROM: 02/01/96	TO: 02/29/96
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	25,335.00	32,885.00
i. Itemized (Use Schedule A).....	46,823.83	52,728.83
ii. Unitemized.....	72,158.83	85,613.83
iii. Total.....(add i and ii) >	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	72,158.83	85,613.83
d. Total Contributions.....(add aiii, b and c) >	0.00	0.00
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.).....	1,500.00	1,500.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity.....	73,658.83	87,113.83
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	73,658.83	87,113.83
20. Total Federal Receipts.....(subtract line 18 from line 19) >		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	359.34	736.71
b. Other Federal Operating Expenditures.....	359.34	736.71
c. Total Operating Expenditures.....(Add aii, all, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	24,500.00	33,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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.....		
28. Refunds of Contributions To:	100.00	100.00
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	100.00	100.00
d. Total Contribution Refunds.....(Add a,b, and c) >	0.00	2,062.50
29. Other Disbursements.....	24,959.34	36,399.21
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	24,959.34	36,399.21
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	72,158.83	85,613.83
33. Total Contribution Refunds (from line 28d).....	100.00	100.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	72,058.83	85,513.83
35. Total Federal Operating Expenditures.....(add 21 aii and 21 b) >	359.34	736.71
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	359.34	736.71

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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

<p>A. Full Name, Mailing Address and Zip Code David R. Wnertzer DPM 1550 E. Main St. Dothan, AL 36301-3012</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> <hr/> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 02/01/96</p> <hr/> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Steven Grunfeld DPM 2012 Eighth Ct., S. Birmingham, AL 35205-2704</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Birmingham Podiatry, P.C.</p> <hr/> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 02/01/96</p> <hr/> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code David Glezman DPM 2000 Hampton Center, Suite B Morgantown, WV 26505-2997</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> <hr/> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 02/01/96</p> <hr/> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Louis T. Bogy DPM 4402 Vance Jackson Rd., #146 San Antonio, TX 78230-5333</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Bogy & Vranes Podiatry Associates, P.C.</p> <hr/> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 02/02/96</p> <hr/> <p>Aggregate Year-to-date > \$ 600.00</p>	<p>Amount of Each Receipt this Period 600.00</p>
<p>E. Full Name, Mailing Address and Zip Code Donald S. Provenzano DPM 525 S. Third St. Gadsden, AL 35901-5301</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> <hr/> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 02/02/96</p> <hr/> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Jeffrey Petraultz DPM 2706 St. Jude St. Greensboro, NC 27405</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer The Triad Foot Center, P.A.</p> <hr/> <p>Occupation</p>	<p>Date (Month day, Year) 02/05/96</p> <hr/> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Steven Glickman DPM 4770 Rochester Rd., Suite 104 Troy, MI 48098-4951</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> <hr/> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 02/05/96</p> <hr/> <p>Aggregate Year-to-date > \$ 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUB TOTAL of Receipts This Page (Optional).....>	2,350.00
TOTAL this Period (Last page this line number only).....>	

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

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
Marc Notari DPM 160 Ridge Rd. Lyndhurst, NJ 07071-1253	Self Employed	02/05/96	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	
Charles Lombardi DPM 166-02 12th Rd. Beechurst, NY 11357-2806	Self Employed	02/05/96	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	
Lee Hofsommer DPM 1402 25th St., S., Suite B Fargo, ND 58103-3606	Self Employed	02/05/96	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	
Louis Scotti DPM 130 Gibbs Pond Rd. Nesconset, NY 11767-2255	Nesconset Podiatry	02/05/96	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 Kringold DPM Mt. Sinai Medical Staff Office 4302 Alton Rd., Suite 460 Miami Beach, FL 33140-2842	Family Foot Health Associates	02/06/96	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	
D. Hugh Fraser DPM 9700 S.W. Beaverton Hwy. Beaverton, OR 97005	Beaverton Foot Clinic	02/116/96	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	
E. Paul LeDoux DPM First National Mall, Suite 109 McAlester, OK 74501	Self-Employed	02/06/96	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).....> **1,900.00**

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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Phillip R. White DPM 13310 Euclid St. Garden Grove, CA 92643-2514	Self-Employed	02/06/96	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
Richard Armstrong DPM 342 Gifford St. Falmouth, MA 02540-2948	Falmouth Podiatry	02/07/96	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
Tyler Brahm DPM 300 Jeffords St., #D Clearwater, FL 34616-3810	Self Employed	02/07/96	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 J. Malani DPM 1118 N. Fourth St. Coeur D'Alene, ID 83814-3217	Self-Employed	02/07/96	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
Douglas Yumen DPM 63 Hurley Ave. Kingston, NY 12401-2809	Self Employed	02/08/96	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
R. Eckerlein DPM 4850 N. Ninth Ave. Pensacola, FL 32503-2447	Self employed	02/12/96	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
Steven Damon DPM 64 Palomba Dr. Enfield, CT 06082-3844	Self Employed	02/13/96	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).....>	1,900.00
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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Kelly Stagg DPM 4650 Harrison Blvd. Ogden, UT 84403-4303	Self Employed	02/12/96	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
Christian Wunderlich DPM 118 E. Jefferson Ave. Kirkwood, MO 63122-4026	Kirkwood Podiatry, Inc.	02/12/96	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
Garry Neltner DPM 3215 Dixie Hwy. Erlanger, KY 41018-1853	Self Employed	02/13/96	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
Leonard Mushkin DPM 99 San Benancio Rd. Salinas, CA 93908-9122	Self Employed	02/13/96	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
Michael King DPM 222 Milliken Blvd. Fall River, MA 02721-1623	Self Employed	02/13/96	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
Anthony DeLuca DPM 21420 Harper Ave. St. Clair Shores, MI 48080-3607	Self Employed	02/13/96	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
Morris Morin DPM 125 Prospect Ave. Hackensack, NJ 07601-2208	Hackensack Center For Foot Surgery	02/13/96	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).....>	2,150.00
TOTAL this Period (Last page this line number only).....>	

Use separate schedules for each category of the Detailed Summary Page

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
Stephen Perlmutter DPM 535 Saybrook Rd. Middletown, CT 06457-4743	Middletown Podiatry Associates	02/13/96	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
Gary Grolemond DPM 3423 Fourth St., #10 Brunswick, GA 31520-3758	Self Employed	02/13/96	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
Paul Schwarzentraub DPM 4601 66th St., #A Lubbock, TX 79414-4839	Self Employed	02/13/96	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
John Donovan DPM Lourdes Tower 161 Riverside Dr. Binghamton, NY 13905	Self Employed	02/15/96	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
G. Johnson, Jr. DPM P.O. Box 8407 Mobile, AL 36689-0407	Self Employed	02/13/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	500.00
David Warner DPM The Marketplace, Route 248 P.O. Box 257 Nazareth, PA 18064-0257	Self-Employed	02/15/96	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
Gary Schurman DPM 21380 Greenfield Rd. Oak Park, MI 48237-3030	Self-Employed	02/15/96	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).....>	2,200.00
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

<p>A. Full Name, Mailing Address and Zip Code Paula Raogellis DPM 1875 E. High St. Waynesburg, PA 15370-9567</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 > \$ 300.00</p>	<p>Date (Month day, Year) 02/15/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>B. Full Name, Mailing Address and Zip Code C. Irvin DPM 1875 E. High St. Waynesburg, PA 15370-9567</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 > \$ 300.00</p>	<p>Date (Month day, Year) 02/15/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>C. Full Name, Mailing Address and Zip Code Scott DeMars DPM 1690 Rimrock Rd. Billings, MT 59102-0700</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) 02/15/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Gregory Dubay DPM Community Medical Arts Center Friendship Rd., Box 426 Tallahassee, AL 36078</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) 02/15/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code David Allen DPM 8031 Hayport Rd. Wheetersburg, OH 45694-1673</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 > \$ 300.00</p>	<p>Date (Month day, Year) 02/15/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>F. Full Name, Mailing Address and Zip Code Chris Panagoulas DPM 3 Water St., Suite 101 Nashua, NH 03060-3314</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) 02/15/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Jay Lifshen DPM 2001 N. MacArthur Blvd., #300 Irving Medical Office Bldg. Irving, TX 75061-2253</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 > \$ 300.00</p>	<p>Date (Month day, Year) 02/15/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>1,950.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

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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 Michael Kossoff DPM 1227 Lincoln Blvd., #303 Santa Monica, CA 90401-1710 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Self-Employed Occupation Podiatrist Aggregate Year-to-date > \$	Date (Month day, Year) 02/15/96 250.00	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Thomas Kurtyka DPM P.O. Box 1577 Woodruff, WI 54568-1577 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Self-Employed Occupation Podiatrist Aggregate Year-to-date > \$	Date (Month day, Year) 02/15/96 300.00	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and Zip Code MaryAnn Farmer DPM 593 Rugh St. Greensburg, PA 15601-5637 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Self-Employed Occupation Podiatrist Aggregate Year-to-date > \$	Date (Month day, Year) 02/15/96 300.00	Amount of Each Receipt this Period 300.00
D. Full Name, Mailing Address and Zip Code Keith Kallsh DPM 4909 S. U.S. 1 Fort Pierce, FL 34982 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Self-Employed Occupation Podiatrist Aggregate Year-to-date > \$	Date (Month day, Year) 02/15/96 300.00	Amount of Each Receipt this Period 300.00
E. Full Name, Mailing Address and Zip Code Steven Berlin DPM 12407 Dover Rd. Reisterstown, MD 21136 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Self-Employed Occupation Podiatrist Aggregate Year-to-date > \$	Date (Month day, Year) 02/15/96 300.00	Amount of Each Receipt this Period 300.00
F. Full Name, Mailing Address and Zip Code Harvey Karpo DPM 649 N. Broad St. Woodhury, NJ 08096-1621 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Self Employed Occupation Podiatrist Aggregate Year-to-date > \$	Date (Month day, Year) 02/20/96 300.00	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and Zip Code Carol Akerman DPM 603 Hwy. 321, N., #8 Lenoir City, TN 37771-6575 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Lenoir City Foot Clinic Occupation Podiatrist Aggregate Year-to-date > \$	Date (Month day, Year) 02/20/96 250.00	Amount of Each Receipt this Period 250.00

SUB TOTAL of Receipts This Page (Optional).....>	2,000.00
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
Timothy Brown DPM 1051 Harding Memorial Pkwy. Suite B Marion, OH 43302-7165	Ankle & Foot Specialists of Marion, Inc.	02/20/96	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	
Keith Turlington DPM 10000 Watson Rd., #2R Crestwood, MO 63126-1854	Self Employed	02/20/96	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	
Daniel Ryan DPM 216 Kingwood Brainerd, MN 56401-3322	Brainerd Foot Clinic	02/20/96	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	
Joseph Stuto DPM 100 Rensen St. Brooklyn, NY 11201-4256	Self Employed	02/20/96	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	
Timothy Ford DPM 1112 Dupont Circle, Suite 102 Louisville, KY 40207-4804	Podiatric Associates	02/20/96	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	
Robert Sowell DPM 5100 N. Brookline Oklahoma City, OK 73112-3603	Self Employed	02/20/96	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	
Thomas Godfrey DPM 2012 Eighth Ct., S. Birmingham, AL 35205-2704	Birmingham Podiatry, P.C.	02/20/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$ 500.00	

SUB TOTAL of Receipts This Page (Optional).....	2,350.00
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 9 OF 12
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Donald Sheller DPM 3827 N. Prospect Rd. Peoria, IL 61614-7767</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 > \$ 300.00</p>	<p>Date (Month day, Year) 02/21/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>B. Full Name, Mailing Address and Zip Code David Wolf DPM 11515 Chimney Rock Rd. Houston, TX 77035-2905</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) 02/21/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Douglas O'Heir DPM 141 Silver St. Waterville, ME 04901-5833</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 > \$ 300.00</p>	<p>Date (Month day, Year) 02/22/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>D. Full Name, Mailing Address and Zip Code Gregory Amarantos DPM 2740 W. Foster Ave., #310 Chicago, IL 60625-3543</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 > \$ 300.00</p>	<p>Date (Month day, Year) 02/22/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>E. Full Name, Mailing Address and Zip Code Harvey Lederman DPM 836 Farmington Ave., #105 West Hartford, CT 06119-1544</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer West Hartford Podiatry Associates</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 500.00</p>	<p>Date (Month day, Year) 02/22/96</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Marc Lederman DPM 836 Farmington Ave., #105 West Hartford, CT 06119-1544</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer West Hartford Podiatry Associates</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 02/22/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Kile Kinney DPM 1515 Laney Walker Blvd. Augusta, GA 30904-5827</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Medical Center Podiatry Group, P.C.</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 02/23/96</p>	<p>Amount of Each Receipt this Period 250.00</p>

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

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

A. Full Name, Mailing Address and Zip Code Judith Manzi DPM 860 E. Remington Dr., #C Sunnyvale, CA 94087-2913	Name of Employer Sunnyvale Foot and Ankle Center	Date (Month day, Year) 02/23/96	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. Full Name, Mailing Address and Zip Code Harold Rubenstein DPM 713 E. Genesee St. Syracuse, NY 13210-1530	Name of Employer Self Employed	Date (Month day, Year) 02/23/96	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)			
C. Full Name, Mailing Address and Zip Code Mark Saffer DPM Midwest Health Center 5050 Schaefer Dearborn, MI 48126-3200	Name of Employer Self-Employed	Date (Month day, Year) 02/26/96	Amount of Each Receipt this Period 285.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 285.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Gordon Rheame DPM 1513 Moore Ave. Pueblo, CO 81005-2346	Name of Employer Self-Employed	Date (Month day, Year) 02/26/96	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)			
E. Full Name, Mailing Address and Zip Code Darlene Fabmie DPM Fairmount Podiatry Group 7524 Fairmount Ave. El Cerrito, CA 94530	Name of Employer Self Employed	Date (Month day, Year) 02/26/96	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)			
F. Full Name, Mailing Address and Zip Code Steven Bennett DPM 3804 Central Ave. Kearney, NE 68847-8134	Name of Employer Platte Valley Foot Clinic	Date (Month day, Year) 02/26/96	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)			
G. 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) 02/26/96	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)			

SUB TOTAL of Receipts This Page (Optional).....>	2,135.00
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

A. Full Name, Mailing Address and Zip Code Nelson Pont DPM 8623 N. Telegraph Dearborn Heights, MI 48127-1425	Name of Employer Self-Employed	Date (Month day, Year) 02/27/96	Amount of Each Receipt this Period 200.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Lisa DeTournay DPM 8582 Bird Rd. Miami, FL 33155-3214	Name of Employer Self Employed	Date (Month day, Year) 02/27/96	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)			
C. Full Name, Mailing Address and Zip Code Barbara Mittler DPM 96 Town Line Rd. Pearl River, NY 10965-1234	Name of Employer Family Podiatry of Rockland County	Date (Month day, Year) 02/27/96	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)			
D. Full Name, Mailing Address and Zip Code Fred Blosser DPM 5906 E. 31st St. Tulsa, OK 74135-5110	Name of Employer Self Employed	Date (Month day, Year) 02/27/96	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 Lon Barome DPM P.O. Box 1511 Opelousas, LA 70571-0150	Name of Employer Self-Employed	Date (Month day, Year) 02/27/96	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)			
F. Full Name, Mailing Address and Zip Code Robert Russell DPM 1717 11th Ave., S., #402 Birmingham, AL 35205-4700	Name of Employer Podiatry Associates, P.C.	Date (Month day, Year) 02/27/96	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)			
G. Full Name, Mailing Address and Zip Code Gary Mashigian DPM 2710 N. Josey Lane, #301 Carrollton, TX 75007-5400	Name of Employer Foot Care Associates	Date (Month day, Year) 02/28/96	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).....>	2,350.00
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 **12** OF **12**
FOR LINE NUMBER **11a**

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code Marc Rosen DPM 495 Union Ave., #1D Middlesex, NJ 08846-1962	Name of Employer Self Employed	Date (Month day, Year) 02/28/96	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	
B. Full Name, Mailing Address and Zip Code M. Robertson DPM 2444 N.E. Division St. Gresham, OR 97030-6020	Name of Employer Self-Employed	Date (Month day, Year) 02/28/96	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 Michael Lombardo DPM 3311 Prescott Rd., Suite 416 Alexandria, LA 71301	Name of Employer Alexandria Foot Specialist	Date (Month day, Year) 02/28/96	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
D. Full Name, Mailing Address and Zip Code Lyman Wilson DPM 999 N. Tustin Ave., #101 Santa Ana, CA 92705-3531	Name of Employer Self Employed	Date (Month day, Year) 02/28/96	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 Beth Pearce DPM 204 Southpark Cir., E. St. Augustine, FL 32086-5135	Name of Employer Self-employed	Date (Month day, Year) 02/28/96	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
F. Full Name, Mailing Address and Zip Code Eugene Carr DPM 275 Eighth St., S. Naples, FL 33940-6123	Name of Employer Self Employed	Date (Month day, Year) 02/28/96	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 Robert Krauklis DPM 2909 N. Orange Ave., #111 Orlando, FL 32804-4639	Name of Employer Self-employed	Date (Month day, Year) 02/29/96	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$ 300.00	

SUB TOTAL of Receipts This Page (Optional).....> **1,900.00**TOTAL this Period (Last page this line number only).....> **25,335.00**3
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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

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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)	02/29/96	359.34
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).....> **359.34**

TOTAL this Period (Last page this line number only).....> **359.34**

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

A. Full Name, Mailing Address and Zip Code Larry L. Bigham 1708 Ebenezer Road Rock Hill, SC 29732		Name of Employer Occupation C.S. House of Representatives	Date (Month day, Year) 02/02/96	Amount of Each Receipt this Period 1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 1,500.00		
B. Full Name, Mailing Address and Zip Code		Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year to date > \$		
C. Full Name, Mailing Address and Zip Code		Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code		Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code		Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code		Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code		Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	1,500.00
TOTAL this Period (Last page this line number only).....>	1,500.00

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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
Fazio for Congress 300 Capitol Mall Suite 350 Sacramento, CA 95814	Vic Fazio, U.S. HOUSE 3rd CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/26/96	500.00
Bob Filner For Congress P.O. Box 127868 San Diego, CA 92112	Bob Filner, U.S. HOUSE 50th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/19/96	500.00
Friends of Mike Forbes for Congress 240 Beckwith Avenue Southold, NY 11971	Michael P. Forbes, U.S. HOUSE 1st NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/26/96	500.00
Fox For Congress Committee P.O. Box 632 Jenkintown, PA 19046	Jon David Fox, U.S. HOUSE 13th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/26/96	500.00
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	02/19/96	500.00
Gene Green Congressional Campaign P.O. Box 16128 Houston, TX 77222	Gene Green, U.S. HOUSE 29th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/12/96	500.00
Wally Herger For Congress Committee P.O. Box 2223 Marysville, GA 30901	Water William Herger, U.S. HOUSE 2nd GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/26/96	1,000.00
Maurice D. Hinchey 24 Manor Lane Saugerties, NY 12477	Maurice D. Hinchey, U.S. HOUSE 26th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/27/96	500.00
Hobson For Congress Committee 333 North Limestone St. Springfield, OH 45503	David Lee Hobson, U.S. HOUSE 7th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/12/96	1,000.00

SUB TOTAL of Disbursements this page (Optional).....>	5,500.00
TOTAL this Period (Last page this line number only).....>	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
 Policy 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
Friends of Jim Inhofe 1924 S. Union Suite 520 Tulsa, OK 74104	James M. Inhofe, U.S. SENATE OK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/26/96	1,000.00
Friends of Jerry Kleczka 3268 South 9th Street Milwaukee, WI 53215	Gerald Kleczka, U.S. HOUSE 4th WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/12/96	500.00
Bob Matsui for Congress Committee 300 Capitol Mall, Suite 350 Sacramento, CA 95814	Robert T. Matsui, U.S. HOUSE 5th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/19/96	1,000.00
Karen McCarthy For Congress 1111 Valentine Road Kansas City, MO 64111	Karen McCarthy, U.S. HOUSE 5th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/26/96	500.00
Pallone for Congress 540 Broadway Long Branch, NJ 07740	Frank Pallone, U.S. HOUSE 6th NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/19/96	1,000.00
Earl Pomeroy For Congress P.O. Box 746 Bismarck, ND 58502	Earl Ralph Pomeroy, U.S. HOUSE ND Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/26/96	500.00
Quinn For Congress 4280 S. Buffalo St. Orchard Park, NY 14127	Jack Quinn, U.S. HOUSE 30th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/26/96	500.00
Rangel for Congress 850 7th Avenue, #701 New York, NY 10019	Charles R. Rangel, U.S. HOUSE 15th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/12/96	1,000.00
Friends of Senator Rockefeller Suite 300 245 Second Street, NE Washington, DC 20002	John D. Rockefeller, U.S. SENATE WV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/19/96	1,500.00

SUB TOTAL of Disbursements this page (Optional).....>	7,500.00
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

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C
C

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Committee to Re-Elect Congressman Dana Rohrabacher 127 Main Street, Suite A Huntington Beach, CA 92648	Dana Rohrabacher, U.S. HOUSE 45th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/19/96	500.00
Friends of Tom Sawyer 1540 W. Market Street Suite 201 Akron, OH 44313	Tom Sawyer, U.S. HOUSE 14th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/26/96	1,000.00
Schaefer to Congress 7600 E. Orchard Road Suite 105-S Englewood, CO 80111	Dan Schaefer, U.S. HOUSE 6th CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/26/96	500.00
Frank Tejeda for Congress 1313 SE Military Dr. Ste. 115 San Antonio, TX 78214	Frank Tejeda, U.S. HOUSE 28th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/19/96	1,000.00
Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	William M. Thomas, U.S. HOUSE 21st CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/19/96	1,000.00
Reelect Thurmond Committee P.O. Box 11691 Columbia, SC 29211	Stran Thurmond, U.S. SENATE SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/19/96	1,000.00
Congressman Waxman Campaign Committee 8665 Wilshire Blvd. #220 Beverly Hills, CA 90211	Henry A. Waxman, U.S. HOUSE 29th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/19/96	5,000.00
Whitfield for Congress Committee 200 E. 9th Street Hopkinsville, KY 42240	Edward Whitfield, U.S. HOUSE 1st KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/19/96	500.00
Wyden for Congress P.O. Box 12473 Portland, OR 97212	Ron Wyden, U.S. HOUSE 3rd OR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	02/19/96	1,000.00

SUB TOTAL of Disbursements this page (Optional).....>	11,500.00
TOTAL this Period (Last page this line number only).....>	24,500.00

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

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

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>3-19-96</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>SLB</i> PREPARER	<i>3-20-96</i> DATE PREPARED

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