

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

AUG 13 11 25 AM '96

1. NAME OF COMMITTEE (in full) Pediatric 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 20814-1698		
		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

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>07/01/96</u> through <u>07/31/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 73,570.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 146,517.88	
(c) Total Receipts (from line 19)	\$ 10,545.22	\$ 254,296.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 156,063.07	\$ 328,367.45
7. Total Disbursements (from Line 30)	\$ 23,312.42	\$ 195,616.80
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 132,750.65	\$ 132,750.65
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 B 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		Date
Signature of Treasurer <i>John R. Carson</i>		8-8-96

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

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FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE Podiatry Political Action Committee	REPORT COVERING PERIOD	
	FROM: 07/01/96	TO: 07/31/96
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	4,552.50	92,344.00
ii. Unitemized.....	5,909.00	147,919.96
iii. Total..... (add i and ii) >	10,461.50	240,263.96
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions..... (add aii, b and c) >	10,461.50	240,263.96
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	10,000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	83.72	4,532.81
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) >	10,545.22	254,796.77
20. Total Federal Receipts..... (subtract line 18 from line 19) >	10,545.22	254,796.77
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	24.00	815.88
c. Total Operating Expenditures..... (Add a, ii, and b) >	24.00	815.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23,288.42	192,288.42
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. Individual/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) >	23,312.42	195,616.80
31. Total Federal Disbursements..... (Subtract line 21 all from line 30) >	23,312.42	195,616.80
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d).....	10,461.50	240,263.96
33. Total Contribution Refunds (from line 28d).....	0.00	450.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	10,461.50	239,813.96
35. Total Federal Operating Expenditures..... (add 21 a) and 21 b) >	24.00	815.88
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	24.00	815.88

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 T. John DPM 572 Washington St. Wellesley, MA 02181-6418	Name of Employer Self Employed Occupation Podiatrist	Date (Month day, Year) 07/01/96	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
B. Full Name, Mailing Address and Zip Code Joseph Hogan DPM 41 Oak St. Binghamton, NY 13905-4627	Name of Employer Self Employed Occupation Podiatrist	Date (Month day, Year) 07/01/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
C. Full Name, Mailing Address and Zip Code Donald Chudy DPM 500 W. Tenth Pl., #148 Mesa, AZ 85201-3218	Name of Employer Self Employed Occupation Podiatrist	Date (Month day, Year) 07/01/96	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 375.00		
D. Full Name, Mailing Address and Zip Code Dallas Penrod DPM 5605 Riggins Ct., Suite 103 Reno, NV 89502	Name of Employer Self Employed Occupation Podiatrist	Date (Month day, Year) 07/01/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
E. Full Name, Mailing Address and Zip Code Marvin Cohen DPM 6105 Lee St. Little Rock, AR 72205-3027	Name of Employer Little Rock Foot Clinic Occupation Podiatrist	Date (Month day, Year) 07/08/96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
F. Full Name, Mailing Address and Zip Code James Nelson DPM 4412 50th St. Lubbock, TX 79414-3610	Name of Employer West Texas Foot Specialists Occupation Podiatrist	Date (Month day, Year) 07/08/96	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
G. Full Name, Mailing Address and Zip Code Edward Younghans DPM 19 Yawpo Ave. Oakland, NJ 07436-2741	Name of Employer Self Employed Occupation Podiatrist	Date (Month day, Year) 07/08/96	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 375.00		

SUB TOTAL of Receipts This Page (Optional).....>	1,725.00
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

A. Full Name, Mailing Address and Zip Code Richard Moorehead DPM 1061 Main St. Wheeling, WV 26003-2701	Name of Employer Wheeling Foot Clinic	Date (Month day, Year) 07/08/96	Amount of Each Receipt this Period 75.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 374.00		
B. Full Name, Mailing Address and Zip Code Ronald Sidorsky DPM 1 W. Hanover Ave., #113 Randolph, NJ 07869-4214	Name of Employer Self Employed	Date (Month day, Year) 07/09/96	Amount of Each Receipt this Period 75.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 225.00		
C. Full Name, Mailing Address and Zip Code Thomas Fatone DPM 40 State St. Troy, NY 12180-3328	Name of Employer Self Employed	Date (Month day, Year) 07/11/96	Amount of Each Receipt this Period 75.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
D. Full Name, Mailing Address and Zip Code Kenneth Sokolowski DPM 1177 Silas Deane Hwy. Wethersfield, CT 06109-4348	Name of Employer Foot Health Services	Date (Month day, Year) 07/16/96	Amount of Each Receipt this Period 62.50
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
E. Full Name, Mailing Address and Zip Code Ronald Lepow DPM 6624 Fannin St., Suite 1690 Houston, TX 77030-2328	Name of Employer Lepow Podiatric Medical Associates	Date (Month day, Year) 07/22/96	Amount of Each Receipt this Period 50.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
F. Full Name, Mailing Address and Zip Code Francine Schiraldi-Deck DPM 520 West Ave., Suites 201-205 Norwalk, CT 06850	Name of Employer Center for Family Foot Health	Date (Month day, Year) 07/22/96	Amount of Each Receipt this Period 365.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 365.00		
G. Full Name, Mailing Address and Zip Code John Saeva DPM 1814 Mission 66 Vicksburg, MS 39180-4802	Name of Employer Self Employed	Date (Month day, Year) 07/22/96	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 625.00		

SUB TOTAL of Receipts This Page (Optional).....> **952.50**

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In full)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Kevin Whitton DPM 105 Redmond Rd. Rome, GA 30165-1535	Self Employed Occupation Podiatrist	07/23/96	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	225.00	
Brian O'Neill DPM 1818 N. Orange Grove Ave. Suite 305 Pomona, CA 91767-3028	Pomona Valley Podiatric Medical Group Occupation Podiatrist	07/23/96	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	300.00	
Robert Sherman DPM 3446 Main St. Stratford, CT 06497-4133	Stratford Podiatry Associates Occupation Podiatrist	07/30/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	250.00	
Paul Greenberg DPM 101 W. 79th St. New York, NY 10024-6474	 Occupation Podiatrist	07/30/96	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	225.00	
John Hamm DPM 1300 Second Ave., S.E. Cedar Rapids, IA 52403-4008	Self Employed Occupation Podiatrist	07/30/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	250.00	
Stephen Petrofsky DPM 2525 Harbor Blvd., #206 Port Charlotte, FL 33952-5343	Self Employed Occupation Podiatrist	07/30/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	250.00	
Albert Brown DPM 5800 W. Atlantic Blvd. Margate, FL 33063-5121	Self Employed Occupation Podiatrist	07/30/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	250.00	

SUB TOTAL of Receipts This Page (Optional).....> 1,375.00

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 Briant Moyles DPM 211 E. New Haven Ave. Melbourne, FL 32901-4503	Name of Employer Melbourne Podiatry Associates	Date (Month day, Year) 07/30/96	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
B. Full Name, Mailing Address and Zip Code Donald Mahrie DPM 4019 S.W. 21st Topeka, KS 66604-3413	Name of Employer Self Employed	Date (Month day, Year) 07/30/96	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
C. Full Name, Mailing Address and Zip Code	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).....>	500.00
TOTAL this Period (Last page this line number only).....>	4,552.50

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 Smith-Barney 280 Trumbull Street Hartford, CT 06103	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period 83.72
	Occupation Investment Firm	07/31/96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 4,532.81		
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).....>	83.72
TOTAL this Period (Last page this line number only).....>	83.72

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
Scotty Baesler for Congress Suite A100 2365 Harrodsburg Rd. Lexington, KY 40504	Henry Scott Baesler, U.S. HOUSE 6th KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/19/96	500.00
Ben Cardin for Congress 20 S. Charles Street 10th Floor Baltimore, MD 21201	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/08/96	1,000.00
Democratic Congressional Campaign Committee 430 S. Capitol Street Washington, DC 20003	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	5,000.00
Ehrlich For Congress Committee 1301 York Road, Suite 705 Lutherville, MD 21093	Robert Leroy Ehrlich, U.S. HOUSE 2nd MD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	1,000.00
Fox For Congress Committee P.O. Box 632 Jenkintown, PA 19046	Jon David Fox, U.S. HOUSE 13th PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	1,000.00
Hefner For Congress Committee P.O. Box 3016 Concord, NC 28025	W.G. Bill Hefner, U.S. HOUSE 8th NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/26/96	500.00
John Hendry for Congress Committee P.O. Box 795817 Dallas, TX 75379	John Hendry, U.S. HOUSE 30th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/19/96	1,000.00
Hobson For Congress Committee 333 North Limestone St. Springfield, OH 45503	David Lee Hobson, U.S. HOUSE 7th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/19/96	500.00
Committee to Re-Elect Congressman Duncan Hunter 9340 Fuerte Dr, Ste 302 La Mesa, CA 91941	Duncan Hunter, U.S. HOUSE 52nd CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/26/96	500.00

SUB TOTAL of Disbursements this page (Optional).....>	11,000.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Re-Elect Nancy Johnson to Congress P.O. Box 1968 New Britain, CT 06050	Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/26/96	1,000.00
B. Full Name, Mailing Address and Zip Code 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	07/12/96	1,000.00
C. Full Name, Mailing Address and Zip Code Citizens for Ron Klink #214 141 Renfer Street Pittsburgh, PA	Ronald P. Klink, U.S. HOUSE 4th PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/19/96	500.00
D. Full Name, Mailing Address and Zip Code Lampson for Congress P.O. Box 21578 Beaumont, TX 77720	Nick Lampson, U.S. HOUSE 9th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/08/96	1,000.00
E. Full Name, Mailing Address and Zip Code Friends of Lipinski 6242 W. 59th Street Chicago, IL 60638	William Lipinski, U.S. HOUSE 3rd IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/08/96	500.00
F. Full Name, Mailing Address and Zip Code Luther for Congress Volunteer Committee 4009 Tenth Avenue North Anoka, MN 55303	William P. Luther, U.S. HOUSE 6th MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/19/96	500.00
G. Full Name, Mailing Address and Zip Code McConnell Senate Committee P.O. Box 1496 Louisville, KY 40201	Mitch McConnell, U.S. SENATE KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/08/96	1,000.00
H. Full Name, Mailing Address and Zip Code The Monocle 107 D Street, N.E. Washington, DC 20002	Fundraising Luncheon for Congressman Ward (D-KY) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/24/96	288.42 (In-Kind)
I. Full Name, Mailing Address and Zip Code Ward for Congress 1905 Deer Park Avenue Louisville, KY 40205	Fundraising Luncheon for Congressman Ward (D-KY) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/24/96	288.42 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>	5,788.42
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 Connie Morella 7315 Wisconsin Ave. 450W Bethesda, MD 20814	Connie Morella, U.S. HOUSE 8th MD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/19/96	500.00
B. Full Name, Mailing Address and Zip Code Bob Ney For Congress P.O. Box 490 St. Clairsville, OH 43950	Robert William Ney, U.S. HOUSE 18th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/26/96	500.00
C. Full Name, Mailing Address and Zip Code Pallone for Congress 540 Broadway Long Branch, NJ 07740	Frank Pallone, U.S. HOUSE 6th NJ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/19/96	500.00
D. Full Name, Mailing Address and Zip Code Committee to Re-Elect Congresswoman Marge Rousselle P.O. Box 625 Ridgewood, NJ 07451	Marge Rousselle, U.S. HOUSE 5th NJ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/08/96	1,000.00
E. Full Name, Mailing Address and Zip Code Ike Skelton For Congress Committee P.O. Box A Harrisonville, MO 64701	Ike Skelton, U.S. HOUSE 4th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/19/96	500.00
F. Full Name, Mailing Address and Zip Code Citizens for Arlen Specter 1998 111 South 15th St., Suite B44 Philadelphia, PA 19102	Arlen Specter, U.S. SENATE PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/19/96	500.00
G. Full Name, Mailing Address and Zip Code Stupak for Congress P.O. Box 143 Menominee, MI 49858	Bart T. Stupak, U.S. HOUSE 1st MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/08/96	1,000.00
H. Full Name, Mailing Address and Zip Code Billy Tauzin Committee 550 South Van Houma, LA 70361	W.J. "Billy" Tauzin, U.S. HOUSE 3rd LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	1,000.00
I. Full Name, Mailing Address and Zip Code Gerald C "Jerry" Weller For Congress P.O. Box 687 Morris, IL 60450	Gerald C. Weller, U.S. HOUSE 11th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	1,000.00

SUB TOTAL of Disbursements this page (Optional).....>	6,500.00
TOTAL this Period (Last page this line number only).....>	23,288.42

