

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

Feb 19 12 07 PM '97

1. NAME OF COMMITTEE (in full) Industry 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>02/01/97</u> through <u>02/28/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 99,361.41
(b) Cash on Hand at Beginning of Reporting Period	\$ 119,527.03	
(c) Total Receipts (from line 19)	\$ 48,621.96	\$ 77,448.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	\$ 168,148.99	\$ 176,810.05
7. Total Disbursements (from Line 30)	\$ 9,256.92	\$ 17,917.98
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 158,892.07	\$ 158,892.07
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 3-18-97

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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DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (7/1/91)

NAME OF COMMITTEE Podiatry Political Action Committee	REPORT COVERING PERIOD	
	FROM: 02/01/97	TO: 02/28/97
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	15,050.00	29,525.00
ii. Unitemized.....	33,442.46	47,414.80
iii. Total.....(add i and ii)>	48,492.46	76,939.80
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)>	48,492.46	76,939.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	129.50	508.84
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)>	48,621.96	77,448.64
20. Total Federal Receipts.....(subtract line 18 from line 19)>	48,621.96	77,448.64
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.....	256.92	917.98
c. Total Operating Expenditures.....(Add a, ii, and b)>	256.92	917.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9,000.00	17,000.00
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	0.00
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	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)>	9,256.92	17,917.98
31. Total Federal Disbursements.....(Subtract line 21 all from line 30)>	9,256.92	17,917.98
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	48,492.46	76,939.80
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	48,492.46	76,939.80
35. Total Federal Operating Expenditures.....(add 21 ai and 21 b)>	256.92	917.98
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35)>	256.92	917.98

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
Timothy Brown DPM 1051 Harding Memorial Pkwy. #B Marion, OH 43302-7165	Ankle & Foot Specialists of Marion, Inc. Occupation: Podiatrist	02/03/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
Ann Pinski DPM 9110 Leesgate Rd. #3 Louisville, KY 40222-5053	Podiatric Physicians of Kentucky Occupation: Podiatrist	02/03/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Lloyd Smith DPM 10 Langley Rd. #301 Newton Center, MA 02459-1972	Self Employed Occupation: Podiatrist	02/03/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Robert Levine DPM 9110 Leesgate Rd. Louisville, KY 40222-8561	Podiatric Physicians of Kentucky Occupation: Podiatrist	02/03/97	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Brian Holcomb DPM 236 Atlanta Rd. Cumming, GA 30130-2610	Cumming Foot & Leg Clinic Occupation: Podiatrist	02/04/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Kevin McDonald DPM P.O. Box 886 Statesboro, GA 30459-0886	Family Foot Care Occupation: Podiatrist	02/05/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Philip Saxtro DPM Grand Island Foot Clinic 659 N. Orleans Dr. Grand Island, NE 68803-3407	Grand Island Foot Clinic Occupation: Podiatrist	02/06/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00

SUB TOTAL of Receipts This Page (Optional) > **2,000.00**

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

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code Steven Danton DPM 64 Palomba Dr. Enfield, CT 06082-3844	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 02/07/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
B. Full Name, Mailing Address and Zip Code John Shimko DPM 19453 Hwy. 73 #A Davidson, NC 28036	Name of Employer Lakeside Foot Clinic Occupation Podiatrist	Date (Month day, Year) 02/07/97	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		
C. Full Name, Mailing Address and Zip Code Fred Blosser DPM 5906 E. 31st St. Tulsa, OK 74135-5110	Name of Employer Self Employed Occupation Podiatrist	Date (Month day, Year) 02/07/97	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		
D. Full Name, Mailing Address and Zip Code Kevin Naugle DPM 600 High Blvd. P.O. Box 586 Shillington, PA 19607-2155	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 02/10/97	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
E. Full Name, Mailing Address and Zip Code Gregory Young DPM 1033 S. Kerr Ave. Wilmington, NC 28403-4312	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 02/10/97	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		
F. Full Name, Mailing Address and Zip Code Chris Panagoulas DPM 3 Water St. #101 Nashua, NH 03060-3314	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 02/10/97	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
G. Full Name, Mailing Address and Zip Code Michael Lombardo DPM 3311 Prescott Rd. #416 Alexandria, LA 71301	Name of Employer Alexandria Foot Specialist Occupation Podiatrist	Date (Month day, Year) 02/11/97	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		

SUB TOTAL of Receipts This Page (Optional).....>	1,950.00
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)
Pediatric Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Joseph Stuto DPM 100 Remsen St. Brooklyn, NY 11201-4256	Self-Employed	02/11/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
Patrick Grisafi DPM St. Joseph's Hospital 158-40 79th Ave. Flushing, NY 11366-1919	Self-Employed	02/11/97	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 Grolmund DPM 3423 Fourth St. #10 Brunswick, GA 31520-3758	Self-Employed	02/11/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
James Stavosky DPM 901 Campus Dr. #311 Daly City, CA 94015-4930	Self-Employed	02/11/97	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
Raymond Cavaliere DPM 201 E. 28th St. #1A New York, NY 10016-8538	Self Employed	02/13/97	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 Sherman DPM 3446 Main St. Stratford, CT 06497-4133	Stratford Podiatry Associates	02/13/97	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
R. Martin DPM 2003 E. Market St. York, PA 17402-2841	Martin Foot & Ankle Center	02/13/97	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

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FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code James Hall DPM Dept. of Orthopedic Surgery 9500 Euclid Ave. Cleveland, OH 44195-5027</p>	<p>Name of Employer Cleveland Clinic Foundation</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 02/13/97</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 300.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Neal Kramer DPM 2597 Schoenersville Rd. #101 Bethlehem, PA 18017-7329</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 02/14/97</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 300.00</p>		
<p>C. Full Name, Mailing Address and Zip Code Peter Dyer DPM 273 Hampton Rd. Southampton, NY 11968-5027</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 02/14/97</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 300.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Robert Young DPM 1336 N. Galloway Ave. #124 Mesquite, TX 75149-2490</p>	<p>Name of Employer Galloway Foot Center</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 02/18/97</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 300.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Howard Ritchlin DPM 500 W. Whitney Rd. Penfield, NY 14526-2341</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 02/18/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Richard Gensheimer DPM 500 W. Whitney Rd. Penfield, NY 14526-2341</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 02/18/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>G. Full Name, Mailing Address and Zip Code Seth Rubenstein DPM 2579 John Milton Dr. #120 Herndon, VA 22071-2500</p>	<p>Name of Employer Rox Mill Podiatry Center</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 02/18/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		

SUB TOTAL of Receipts This Page (Optional) > **1,950.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 8
FOR LINE NUMBER 11 of 1

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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
Alan Blener DPM 505 Rt. 208 Monroe, NY 10950-1607	Self-Employed	02/19/97	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
Ronald Cervetti DPM 4025 University Ave. Waterloo, IA 50701-5639	Cedar Valley Podiatry	02/19/97	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
H. Darrell Darby DPM 1320 7th Ave. Huntington, WV 25701	Huntington Podiatry Associates	02/20/97	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. Irvin DPM 1875 E. High St. Waynesburg, PA 15370-9567	Self-Employed	02/20/97	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
Paula Rangelis DPM 1875 E. High St. Waynesburg, PA 15370-9567	Self-Employed	02/20/97	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 Stevenson DPM 5900 N. Main St. Dayton, OH 45415	Self Employed	02/20/97	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
Robert Russell DPM 1717 11th Ave. S. #402 Birmingham, AL 35205-4700	Podiatry Associates, P.C.	02/20/97	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).....> 1,950.00
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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
Michael Joyce DPM 519 S. Van Buren Rd. Eden, NC 27288-5015	Self Employed	02/20/97	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
Joseph Strickland DPM 225 Second Ave. N. St. Petersburg, FL 33704-3317	Self Employed	02/20/97	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
Patrick Gluney DPM 7210 Turfway Rd. Lower Lvl. Florence, KY 41042-1695	Self Employed	02/21/97	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
Ricky Caplan DPM 9314 Park West Blvd. #303 Knoxville, TN 37923-4330	East Tennessee Foot Consultants, P.C.	02/21/97	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 Gronfeld DPM 2012 Eighth Ct. S. Birmingham, AL 35205-2704	Birmingham Podiatry, P.C.	02/25/97	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
Hsiao-ch'un Yu DPM 780 S. Walnut St. #3 Las Cruces, NM 88001-1425	Self Employed	02/25/97	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 Gillis DPM 780 S. Walnut St. #3 Las Cruces, NM 88001-1425	Self Employed	02/25/97	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).....> 2,000.00
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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Harold Sander DPM 209 N. Sixth St. P.O. Box 372 Independence, KS 67301-0372	Self Employed	02/26/97	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
Stuart Goldman DPM 7824 Lake Underhill Dr. #A Orlando, FL 32822-8201	Self-Employed	02/27/97	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
Nell Poppendeck DPM 600 McGuffey Ave. Oxford, OH 45056-2028	Southwest Ohio Podiatry	02/27/97	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
Alan Woodle DPM 8111 Greenwood Ave. N. Seattle, WA 98103-4230	Self Employed	02/27/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
William Jones DPM 1218 N. Florence Claremore, OK 74017-4216	Self-Employed	02/27/97	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
Mark Young DPM 405 S. Mission, #L Mount Pleasant, MI 48858-2410	Self-Employed	02/27/97	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
Edward Nieuwenhuis DPM 385 Clinton Ave. Wyckoff, NJ 07481-1934	Self Employed	02/27/97	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).....>

SCHEDULE A

ITEMIZED RECEIPTS

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 Richard Maleski DPM 2021 Freeport Rd. Arnold, PA 15068-4809	Name of Employer Self-Employed	Date (Month day, Year) 02/28/97	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 Scott Rieger DPM 552A S. York St. Elmhurst, IL 60126-4464	Name of Employer Self-Employed	Date (Month day, Year) 02/28/97	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Frederick Conti DPM 88 S. Portage Path Akron, OH 44303-1023	Name of Employer Family Foot Care Center	Date (Month day, Year) 02/28/97	Amount of Each Receipt this Period 250.00
	Occupation Podiatric	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Paul Kaiser DPM 3255 W. Woodmen Rd. Colorado Springs, CO 80919-4506	Name of Employer Self-Employed	Date (Month day, Year) 02/28/97	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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	1,150.00
TOTAL this Period (Last page this line number only).....>	15,050.00

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 Brokerage Firm Advent Inc. 22 Waterville Rd. Avon, CT 06001-2006	Name of Employer Brokerage Firm Occupation	Date (Month day, Year) 02/28/97	Amount of Each Receipt this Period 129.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 508.84		
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).....>	129.50
TOTAL this Period (Last page this line number only).....>	129.50

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)
Pedistry Political Action Committee

A. Full Name, Mailing Address and Zip Code Brokerage Firm Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006	Name of Employer Brokerage Firm	Date (Month day, Year) 02/28/97	Amount of Each Receipt this Period 129.50
	Occupation	Aggregate Year-to-date > \$ 508.84	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	129.50
TOTAL this Period (Last page this line number only).....>	129.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (in Full)
Pediatric Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Advest, Inc. 22 Waterville Rd. Avon, CT 06001-2006	Interest Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	02/28/97	256.92
	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
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).....>	256.92
TOTAL this Period (Last page this line number only).....>	256.92

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
Becerra for Congress LHOB 1119 Washington, DC 20515	Xavier Becerra, U.S. HOUSE 30th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/13/97	1,000.00
Friends of Roy Blunt P.O. Box 278 Strafford, MO 65757	Roy Blunt, U.S. HOUSE 7th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/13/97	500.00
John Breaux Senate Committee SH 516 Washington, DC 20510	John B. Breaux, U.S. SENATE LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/13/97	1,000.00
Christensen for Congress 8630 Cass Street Omaha, NE 68114	Jon Christensen, U.S. HOUSE 2nd NE Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/07/97	1,000.00
Friends of Senator D'Amato SH 520 Washington, DC 20510	Alfonse M. D'Amato, U.S. SENATE NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/13/97	1,000.00
John Ensign for Congress 8917 Stafford Springs Dr. Las Vegas, NV 89134	John Ensign, U.S. HOUSE 1st NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/13/97	1,000.00
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) 1998	02/13/97	500.00
Gephardt In Congress Committee 7435 Watson Rd. St. Louis, MO 63119	Richard A. Gephardt, U.S. HOUSE 3rd MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/13/97	1,000.00
Lampson for Congress P.O. Box 21578 Beaumont, TX 77720	Nick Lampson, U.S. HOUSE 9th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/13/97	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

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

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FOR LINE NUMBER	
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NAME OF COMMITTEE (in Full)
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
McCrery for Congress 1900 CNB Tower 33 Texas Street Shreveport, LA 71101	Jim McCrery, U.S. HOUSE 5th LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/13/97	1,000.00
B. Full Name, Mailing Address and Zip Code Sandlin for Congress P.O. Box 1281 Marshall, TX 75671	Max Sandlin, U.S. HOUSE 1st TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/07/97	500.00
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).....>	1,500.00
TOTAL this Period (Last page this line number only).....>	9,000.00

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

3-18-97

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

JM H
PREPARER

3-19-97
DATE PREPARED