

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
4331 ROOM

JAN 17 12 03 PM '97

SEE INSTRUCTIONS LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) PODIATRY POLITICAL ACTION COMMITTEE	2. FEC IDENTIFICATION NUMBER 00008839
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9312 Old Georgetown Road	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Bethesda, MD 20814-1698	

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>11/26/96</u> through <u>12/31/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 73,570.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 106,795.05	
(c) Total Receipts (from Line 19)	\$ 12,944.70	\$ 315,010.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 119,739.75	\$ 388,581.02
7. Total Disbursements (from Line 30)	\$ 20,378.34	\$ 289,219.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 99,361.41	\$ 99,361.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20488 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. Carbon

Signature of Treasurer: John R. Carbon Date: 1/10/97

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

[revised 1/1/91]

NAME OF COMMITTEE	REPORT COVERING PERIOD		
Podiatry Political Action Committee	FROM 11/26/96	TO: 12/31/96	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	4,712.50	116,638.34	11(a)(i)
ii. Unitemized	6,642.00	179,580.96	11(a)(ii)
iii. Total (add i and ii) >	11,354.50	296,219.30	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) >	11,354.50	296,219.30	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	10,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,590.20	287,791.04	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	12,944.70	315,010.34	19
20. Total Federal Receipts (subtract line 18 from line 19) >	12,944.70	315,010.34	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule HA)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	378.34	1,669.74	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	378.34	1,669.74	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	20,000.00	284,937.37	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	450.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	2,162.50	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	20,378.34	289,219.61	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	20,378.34	289,219.61	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	11,354.50	296,219.30	32
33. Total Contribution Refunds (from line 28d)	0.00	450.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,354.50	295,769.30	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-378.34	1,669.74	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	378.34	1,669.74	37

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 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 Andrew Schink DPM 1680 Chambers St. #201 Engene, OR 97402-3655	Name of Employer Self Employed	Date (Month day, Year) 11/26/96	Amount of Each Receipt this Period 125.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 375.00		
B. Full Name, Mailing Address and Zip Code Edwin Clark DPM 1417 W. Sixth St. Little Rock, AR 72201-2901	Name of Employer Self Employed	Date (Month day, Year) 11/26/96	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 David Robertson DPM 3215 Dixie Hwy. Erlanger, KY 41018-1853	Name of Employer Nelner & Tirone, PSC	Date (Month day, Year) 12/02/96	Amount of Each Receipt this Period 100.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 400.00		
D. Full Name, Mailing Address and Zip Code Gerald Peterson DPM 8483 S.W. Warm Springs St. Tualatin, OR 97062-9089	Name of Employer Self Employed	Date (Month day, Year) 12/03/96	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
E. Full Name, Mailing Address and Zip Code Marc Grosack DPM 178 S. First St. Fulton, NY 13069-1720	Name of Employer Oswego County Podiatry	Date (Month day, Year) 12/05/96	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		
F. Full Name, Mailing Address and Zip Code David Rosenzweig DPM 90 S. Ridge St. Rye Brook, NY 10573-2836	Name of Employer The Advanced Footcare Center	Date (Month day, Year) 12/05/96	Amount of Each Receipt this Period 150.00
	Occupation Podiatrist		
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 Kent Magrini DPM 5004 S. U St. #101B Fort Smith, AR 72903-3600	Name of Employer Foot Health Center	Date (Month day, Year) 12/05/96	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		

SUB TOTAL of Receipts This Page (Optional).....>	1,500.00
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 2 OF 4
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in full)
Pediatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Frank Strasek DPM 22255 Center Ridge Rd. #105 Rocky River, OH 44116-3950</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 12/06/96</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 Gordon Berg DPM 260-73 Union Topk. Glen Oaks, NY 11004</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 12/09/96</p>	<p>Amount of Each Receipt this Period 100.00</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 Robert Grzywacz DPM 2225 E. Flamingo Rd. #203 Las Vegas, NV 89119-5127</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 12/09/96</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 Dan Meisenbelder DPM 2003 E. Market St. York, PA 17402-2841</p>	<p>Name of Employer Martin Foot & Ankle Center</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 12/10/96</p>	<p>Amount of Each Receipt this Period 150.00</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 Richard Mistretta DPM 3400 McClure Bridge Rd. Bldg. F #B Duluth, GA 30136</p>	<p>Name of Employer Affiliated Foot & Ankle, P.C.</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 12/10/96</p>	<p>Amount of Each Receipt this Period 137.50</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>F. Full Name, Mailing Address and Zip Code Jeffrey Niespodziany DPM 917 W. McKinley Ave. Mishawaka, IN 46545</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 12/10/96</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 Jeffrey Katz DPM 92 S. State St. Vineland, NJ 08360-4851</p>	<p>Name of Employer Advanced Foot & Ankle Center</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 12/10/96</p>	<p>Amount of Each Receipt this Period 100.00</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>		

SUB TOTAL of Receipts This Page (Optional).....> **1,337.50**

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 3 OF 4
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 Bruce Waxman DPM 29 Blackburn Loop Wappingers Falls, NY 12590-4226</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 12/12/96</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>B. Full Name, Mailing Address and Zip Code Lawrence Cohen DPM 1515 Portage St. N.W. North Canton, OH 44720-2283</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 12/20/96</p>	<p>Amount of Each Receipt this Period 50.00</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 Karen Schulhafer DPM 35 Gesner St. Linden, NJ 07036-4041</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 12/23/96</p>	<p>Amount of Each Receipt this Period 100.00</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>D. Full Name, Mailing Address and Zip Code Lawrence Cohen DPM 1515 Portage St. N.W. North Canton, OH 44720-2283</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 12/23/96</p>	<p>Amount of Each Receipt this Period 50.00</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 Stanley Beckman DPM 13333 Lorain Ave. Cleveland, OH 44111-3405</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 12/23/96</p>	<p>Amount of Each Receipt this Period 75.00</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>F. Full Name, Mailing Address and Zip Code Harold Marquit DPM 225 Avenue T Brooklyn, NY 11223-3847</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 12/23/96</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>G. Full Name, Mailing Address and Zip Code Stephen Chernick DPM 112-47 Queens Blvd. #105 Forest Hills, NY 11375-5554</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 12/23/96</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>	

SUB TOTAL of Receipts This Page (Optional).....> **1,125.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code Samuel Thomas DPM 601 Walter Reed Dr. Greensboro, NC 27403-1113	Name of Employer Self Employed	Date (Month day, Year) 12/24/96	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 Phillip Bernstein DPM 308 N. Wayne Ave. Wayne, PA 19087-3218	Name of Employer Self Employed	Date (Month day, Year) 12/27/96	Amount of Each Receipt this Period 200.00
	Occupation Podiatrist		
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 Arnold Ravick DPM 1145 19th St. N.W. #409 Washington, DC 20036-3701	Name of Employer Capital Podiatry Associates	Date (Month day, Year) 12/30/96	Amount of Each Receipt this Period 300.00
	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	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).....>	750.00
TOTAL this Period (Last page this line number only).....>	4,712.50

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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Smith-Barney 280 Trumbull Street Hartford, CT 06103	Investment Firm	11/30/96	1,589.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 8,791.04		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Smith-Barney 280 Trumbull Street Hartford, CT 06103	Investment Firm	12/31/96	0.36
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 8,791.04		
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).....>	1,590.20
TOTAL this Period (Last page this line number only).....>	1,590.20

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules 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
South Barney 280 Trumbull Street Hartford, CT 06103	Interest expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/30/96	378.34
	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).....>	378.34
TOTAL this Period (Last page this line number only).....>	378.34

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 Max Cleland P.O. Box 7843 Atlanta, GA 30357	Max Cleland, U.S. SENATE GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/12/96	1,000.00
Cooksey for Congress P.O. Box 7600 Monroe, LA 71211	John Cooksey, U.S. HOUSE 5th LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/12/96	1,000.00
Democratic Senatorial Campaign Committee 430 S. Capital Street Washington, DC 20003	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1997	12/06/96	5,000.00
People for Ganske 5907 Grand Ave. Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1994	12/06/96	1,000.00
Citizens for Harkin P.O. Box 811 Des Moines, IA 50304	Tom Harkin, U.S. SENATE IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/06/96	1,000.00
Hulshof for Congress P.O. Box 1621 Columbia, MO 65205	Kenny Charles Hulshof, U.S. HOUSE 9th MO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/12/96	1,000.00
National Republican Congressional Committee 320 First Street, S.E., 2nd Floor Washington, DC 20003	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1997	12/06/96	5,000.00
Republican Senatorial Campaign Committee 320 First St., S.E., 2nd Fl Washington, DC 20003	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1997	12/06/96	5,000.00
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)..... > **20,000.00**

TOTAL this Period (Last page this line number only)..... > **20,000.00**

Federal Election Commission
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