

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 21 9 16 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 noncandidate 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:

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input checked="" type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>09/01/96</u> through <u>09/30/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 73,570.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 134,556.97	
(c) Total Receipts (from line 19)	\$ 8,267.93	\$ 280,694.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 142,824.90	\$ 354,264.82
7. Total Disbursements (from Line 30)	\$ 42,571.95	\$ 254,011.87
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 100,252.95	\$ 100,252.95
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 202-319-3420
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 B. Carson

Signature of Treasurer

John B. Carson

Date

10/17/96

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 11/1/91

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Podiatry Political Action Committee	FROM: 09/01/96	TO: 09/30/96
	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).....	2,725.00	103,057.34
ii. Unitemized.....	3,663.00	161,223.46
iii. Total..... [add i and ii] >	6,388.00	264,280.80
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] >	6,388.00	264,280.80
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	10,000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1,879.93	6,413.34
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] >	8,267.93	280,694.14
20. Total Federal Receipts..... [subtract line 18 from line 19] >	8,267.93	280,694.14
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.....	71.95	962.00
c. Total Operating Expenditures..... [Add aii, and b] >	71.95	962.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42,500.00	250,437.37
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	450.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds..... [Add a, b, and c] >	0.00	450.00
29. Other Disbursements.....	0.00	2,162.50
30. Total Disbursements..... [Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29] >	42,571.95	254,011.87
31. Total Federal Disbursements..... [Subtract line 21 aii from line 30] >	42,571.95	254,011.87
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d).....	6,388.00	264,280.80
33. Total Contribution Refunds (from line 28d).....	0.00	450.00
34. Net Contributions (Other than loans) (subtract line 33 from line 32).....	6,388.00	263,830.80
35. Total Federal Operating Expenditures..... [add 21 ai and 21 b] >	71.95	962.00
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... [subtract line 36 from line 35] >	71.95	962.00

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 Lawrence MacTavish DPM 17215 Red Oak Dr., #102 Houston, TX 77090-2611	Name of Employer Self Employed	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 100.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Lisa Lipe DPM 113 E. Hancock Newberg, OR 97132-2821	Name of Employer Self Employed	Date (Month day, Year) 09/05/96	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Michael Downey DPM PA College of Pod. Med. Dept. of Surgery Philadelphia, PA 19107	Name of Employer Self Employed	Date (Month day, Year) 09/06/96	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Patrick Evoy DPM 1228 N. Canal Boulevard Redmond, OR 97756-1335	Name of Employer Cascade Foot Clinic	Date (Month day, Year) 09/09/96	Amount of Each Receipt this Period 125.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Lisa Cornelius DPM 3640 N.W. Samaritan Dr., #160 Corvallis, OR 97330-3738	Name of Employer Self Employed	Date (Month day, Year) 09/09/96	Amount of Each Receipt this Period 125.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Brian Grahoad DPM 1450 S.W. Marlow Ave. Portland, OR 97225-5145	Name of Employer Oregon Foot Specialists	Date (Month day, Year) 09/09/96	Amount of Each Receipt this Period 125.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code Vincent Melloso DPM 635 Lorimer St. Brooklyn, NY 11211-2205	Name of Employer Self Employed	Date (Month day, Year) 09/09/96	Amount of Each Receipt this Period 125.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....> **1,100.00**

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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
David Croshaw DPM 1155 Pocatello Creek Rd. Pocatello, ID 83201-2949	Self Employed Occupation Podiatrist	09/11/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Robert E. Gosselin DPM 36001 Euclid Avenue Willoughby, OH 44094	Self Employed Occupation Podiatrist	09/12/96	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 625.00		
Frederick Conti DPM 88 S. Portage Path Akron, OH 44303-1023	Family Foot Care Center Occupation Podiatric	09/12/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
R. Daniel Davis DPM 450 Clement Lane Orange, CT 06477	Self Employed Occupation Podiatrist	09/23/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Tod Reed DPM 3111 W. Jackson St. Muncie, IN 47304	Self Employed Occupation Podiatrist	09/23/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Ricky Caplan DPM 9314 Park West Blvd., #303 Knoxville, TN 37923-4330	East Tennessee Foot Consultants, P.C. Occupation Podiatrist	09/24/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Charles Tirone DPM 459 General Drive Ft. Wright, KY 41011	Self Employed Occupation Podiatrist	09/26/96	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).....>	1,625.00
TOTAL this Period (Last page this line number only).....>	2,725.00

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 Smith-Barney 380 Trumbull Street Hartford, CT 06103	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period 1,879.93
	Occupation Investment Firm	09/30/96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 6,413.34		
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).....>	1,879.93
TOTAL this Period (Last page this line number only).....>	1,879.93

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
Smith Barney 280 Trumhull Street Hartford, CT 06103	Interest Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/30/96	71.95
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).....>	71.95
TOTAL this Period (Last page this line number only).....>	71.95

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Rob Andrews for Congress Committee 20 Brace Road Suite 200 Cherry Hill, NJ 08034	Robert E. Andrews, U.S. HOUSE 1st NJ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/16/96	500.00
Bill Baker for Congress P.O. Box 4544 Walnut Creek, CA 94596	Bill Baker, U.S. HOUSE 10th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/23/96	500.00
Baldacci for Congress P.O. Box 623 Bangor, ME 04402	John Elias Baldacci, U.S. HOUSE 2nd ME Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/30/96	500.00
Barrett Committee PO Box 176 Grand Island, NE 68802	Bill Barrett, U.S. HOUSE 3rd NE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/06/96	500.00
Mike Bitirakis for Congress PO Box 1077 Tarpon Springs, FL 34688	Mike Bitirakis, U.S. HOUSE 9th FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/09/96	1,500.00
Friends of Roy Blunt P.O. Box 278 Strafford, MO 65757	Roy Blunt, U.S. HOUSE 7th MO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/09/96	500.00
Boswell for Congress 1401 N. Jefferson Indianola, IA 51025	Boswell, U.S. HOUSE 4th IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/96	1,000.00
Boyd For Congress Committee P.O. Box 15703 Tallahassee, FL 32317-5703	Allen Boyd, U.S. HOUSE 2nd FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/23/96	1,000.00
Sam Brownback for U.S. Senate 2605 SW 21st Street Topeka, KS 66604	Samuel Brownback, U.S. SENATE KS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/30/96	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> 7,000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Committee to Elect Winston Bryant P.O. Box 34083 Little Rock, AR 72203	Winston Bryant, U.S. SENATE AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/23/96	1,000.00
Hoosiers Supporting Buyer for Congress 103 West Broadway St. Monticello, IN 47960	Steve E. Buyer, U.S. HOUSE 5th IN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/96	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	09/06/96	1,000.00
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	09/23/96	1,000.00
Cummings for Congress Campaign Committee 2300 N. Calvert Street Baltimore, MD 21218	Elijah Cummings, U.S. HOUSE 7th MD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/30/96	500.00
Davis for Congress 5630 W. Division St. Chicago, IL 60651	Danny Davis, U.S. HOUSE 7th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/16/96	1,000.00
Tom Davis for Congress 6429 Downing Court Annandale, VA 22003	Thomas M. Davis, U.S. HOUSE 11th VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/96	500.00
Friends of Ros DeLauro 49 Huntington Street New Haven, CT 06511	Rosa DeLauro, U.S. HOUSE 3rd CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/16/96	500.00
Tom DeLay Congressional Committee 10707 Corporate Drive Suite 130 Stafford, TX 77477	Thomas Dale DeLay, U.S. HOUSE 22nd TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/96	500.00

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

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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
Peter Deutsch for Congress P.O. Box 26678 Tamarac, FL 33320	Peter Deutsch, U.S. HOUSE 20th FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/96	500.00
Duncan for Congress P.O. Box 2646 Knoxville, TN 37901	John J. Duncan, U.S. HOUSE 2nd TN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/09/96	1,000.00
Friends of Dick Durbin P.O. Box 1949 Springfield, IL 62705	Dick Durbin, U.S. SENATE IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/09/96	1,500.00
John Ensign for Congress 8917 Stafford Springs Dr. Las Vegas, NV 89134	John Ensign, U.S. HOUSE 1st NV Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/16/96	500.00
Bob Filner For Congress P.O. Box 127868 San Diego, CA 92112	Bob Filner, U.S. HOUSE 50th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/96	500.00
Committee to Re-Elect Michael Flanagan 350 N. LaSalle Street Suite 800 Chicago, IL 60610	Michael Patrick Flanagan, U.S. HOUSE 5th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/17/96	500.00
Friends for Franks P.O. Box 2743 Waterbury, CT 06723	Gary A. Franks, U.S. HOUSE 5th CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/06/96	1,000.00
Virgil Goode for Congress 125 Orchard Avenue Rocky Mount, VA 24151	Virgil Goode, U.S. SENATE VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/96	500.00
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	09/23/96	1,000.00

SUB TOTAL of Disbursements this page (Optional)> 7,000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Hoyer for Congress 7905 Malcolm Rd, Ste. 102 Clinton, MD 20735	Steny Hoyer, U.S. HOUSE 5th MD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/16/96	500.00
B. Full Name, Mailing Address and Zip Code Congressman Kildee Committee P.O. Box 317 Flint, MI 48501	Dale Edward Kildee, U.S. HOUSE 9th MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/30/96	500.00
C. Full Name, Mailing Address and Zip Code Friends of Jerry Kiecza 3268 South 9th Street Milwaukee, WI 53215	Gerald Kiecza, U.S. HOUSE 4th WI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/16/96	1,000.00
D. Full Name, Mailing Address and Zip Code Scott Klug for Congress, Inc. P.O. Box 5619 Madison, WI 53705	Scott L. Klug, U.S. HOUSE 2nd WI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/16/96	1,000.00
E. Full Name, Mailing Address and Zip Code Elect Kucinich to Congress Committee 10674 Lorain Avenue Cleveland, OH 44111	Dennis J. Kucinich, U.S. HOUSE 10th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/17/96	1,000.00
F. Full Name, Mailing Address and Zip Code Lazio For Congress 70 Bayway Avenue Brightwaters, NY 11718	Rick Lazio, U.S. HOUSE 2nd NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/30/96	500.00
G. Full Name, Mailing Address and Zip Code Levin for Congress 30636 Dequindre Warren, MI 48092	Sander M. Levin, U.S. HOUSE 12th MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/16/96	1,000.00
H. Full Name, Mailing Address and Zip Code Mica for Congress P.O. Box 181546 Casselberry, FL 32718	John L. Mica, U.S. HOUSE 7th FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/16/96	500.00
I. Full Name, Mailing Address and Zip Code Re-Elect Congressman Joe Moakley Committee 99 Summer Street, Suite 1250 Boston, MA 02110	John Joseph Moakley, U.S. HOUSE 9th MA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/23/96	1,000.00

SUB TOTAL of Disbursements this page (Optional)..... > 7,000.00

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

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

PAGE 5 OF 6

FOR LINE NUMBER 23

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Foristry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Nebraskans for Nelson P.O. Box 250 Boystown, NE 68010	Ben Nelson, U.S. SENATE NE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/23/96	1,500.00
Earl Pomeroy For Congress P.O. Box 746 Bismarck, ND 58502	Earl Ralph Pomeroy, U.S. HOUSE ND Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/96	500.00
Porter for Congress Committee Suite 201 910 Skokie Blvd. Northbrook, IL 60062	Edward Porter, U.S. HOUSE 10th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/09/96	1,000.00
Kevin Quigley for Congress 1029 Springbrook Road Lake Stevens, WA 98258	Kevin Quigley, U.S. HOUSE 2nd WA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/96	500.00
Riley for Congress P.O. Box 700 Ashland, AL 36251	Bob Riley, U.S. HOUSE 3rd AL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/16/96	1,000.00
Adam Smith for Congress Committee P.O. Box 5142 Redondo, WA 98054-0142	Adam Smith, U.S. HOUSE 9th WA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/23/96	500.00
Vic Snyder for Congress Committee 1020 West 3rd Little Rock, AR 72201	Vic Snyder, U.S. HOUSE 2nd AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/11/96	2,500.00
Friends of Lydia Spottswood for Congress 7921 22nd Avenue Kenosha, WI 53143	Lydia Spottswood, U.S. HOUSE 1st WI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/23/96	500.00
Ted Strickland for Congress P.O. Box 1492 Portsmouth, OH 45662	Ted Strickland, U.S. HOUSE 6th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/30/96	1,000.00

SUB TOTAL of Disbursements this page (Optional) **9,000.00**

TOTAL this Period (Last page this line number only) **9,000.00**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Stupak for Congress P.O. Box 143 Menominee, MI 49858	Bart T. Stupak, U.S. HOUSE 1st MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/09/96	500.00
Frank Tejeda for Congress 1313 SE Military Dr. Ste.115 San Antonio, TX 78214	Frank Tejeda, U.S.HOUSE 28th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/09/96	500.00
Reelect Thurmond Committee P.O. Box 11691 Columbia, SC 29211	Strom Thurmond, U.S. SENATE SC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/09/96	1,000.00
Visclosky for Congress Committee P.O. Box 10003 Merrillville, IN 46411	Peter J. Visclosky, U.S. HOUSE 1st IN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/09/96	500.00
Friends of John Warner '96 Committee P.O. Box 3536 Merrifield, VA 22116	John William Warner, III, U.S. SENATE VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/09/96	1,000.00
Weinzapfel for Congress P.O. Box 887 Evansville, IN 47708	Jonathon Weinzapfel, U.S. HOUSE 8th IN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/30/96	500.00
Wexler for Congress Committee 2500 N. Military Trail Suite 288 Boca Raton, FL 33431	Wexler, U.S. HOUSE 19th FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/96	1,000.00
Friends of Roger Wicker P.O. Box 874 Tupelo, MS 38802	Roger F. Wicker, U.S. HOUSE 1st MS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/09/96	1,000.00
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).....>	6,000.00
TOTAL this Period (Last page this line number only).....>	42,500.00

Federal Election Commission
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and Registration

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and/or DATE OF RECEIPT

MM
PREPARER

10-21-96
DATE PREPARED