

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEDERAL ELECTION COMMISSION  
JUL 16 9 28 AM '95

1. NAME OF COMMITTEE (In full)  FODIATRY POLITICAL ACTION COMMITTEE	2. FEC IDENTIFICATION NUMBER  C05035833
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported  9313 OLD GEORGETOWN ROAD	3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING THE REPORTING PERIOD on <u>1/20/95</u> (date)
CITY, STATE and ZIP CODE  BETHESDA, MD 20814-1621	

## 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 type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input checked="" 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 Period
5. Covering Period <u>6/1/95</u> through <u>6/30/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 112,556.88
(b) Cash on Hand at Beginning of Reporting Period	\$ 80,483.74	
(c) Total Receipts (from line 19)	\$ 10,492.00	\$ 104,392.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 90,975.74	\$ 216,950.38
7. Total Disbursements (from Line 20)	\$ 13,905.59	\$ 139,890.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 77,070.15	\$ 77,070.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For information only: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
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	Date 7/20/95
Signature of Treasurer 	

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

2025 4 1 9

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE PODOLSKY POLITICAL ACTION COMMITTEE	REPORT COVERING PERIOD	
	FROM: 6/1/95	TO: 5/30/95
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	3,300.00	46,790.00
ii. Unitemized	7,192.00	53,366.00
iii. Total (add i and ii) <input checked="" type="checkbox"/>	10,492.00	100,156.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) <input checked="" type="checkbox"/>	10,492.00	100,156.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	4,237.50
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) <input checked="" type="checkbox"/>	10,492.00	104,393.50
20. Total Federal Receipts (subtract line 18 from line 19) <input checked="" type="checkbox"/>	10,492.00	104,393.50
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	405.59	1,380.23
c. Total Operating Expenditures (Add a i, a ii, and b) <input checked="" type="checkbox"/>	405.59	1,380.23
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	13,500.00	139,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) <input checked="" type="checkbox"/>	-0-	-0-
29. Other Disbursements	-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) <input checked="" type="checkbox"/>	13,905.59	139,880.23
31. Total Federal Disbursements (subtract line 21 a ii from line 30) <input checked="" type="checkbox"/>	13,905.59	139,880.23
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	10,492.00	100,156.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,492.00	100,156.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) <input checked="" type="checkbox"/>	405.59	1,380.23
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 35 from 35) <input checked="" type="checkbox"/>	405.59	1,380.23

0 2 3 4 5 6 7 8 9

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

NAME OF COMMITTEE (in full)

**Podiatry Political Action Committee**

<p>A. Full Name, Mailing Address and Zip Code  <b>Eric M. Kosofsky</b>                      597 Farmington Ave.                      Hartford, CT 06105-3057</p>	<p>Name of Employer  <b>Self-Employed</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>06/02/95</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	
<p>B. Full Name, Mailing Address and Zip Code  <b>Robert D. Rabinstein DPM</b>                      597 Farmington Ave.                      Hartford, CT 06105-3057</p>	<p>Name of Employer  <b>Self-Employed</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>06/02/95</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	
<p>C. Full Name, Mailing Address and Zip Code  <b>Louis J. Tallo DPM</b>                      1650 Elmwood Ave.                      Rochester, NY 14620-3418</p>	<p>Name of Employer  <b>Self-Employed</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>06/08/95</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	
<p>D. Full Name, Mailing Address and Zip Code  <b>Thomas M. Domanick DPM</b>                      1708 Boston Ave.                      Bridgeport, CT 06610-2607</p>	<p>Name of Employer  <b>Self-Employed</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>06/08/95</b></p>	<p>Amount of Each Receipt this Period  <b>300.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>	
<p>E. Full Name, Mailing Address and Zip Code  <b>James S. Comerford DPM</b>                      1417 W. Sixth St.                      Little Rock, AR 72201-2901</p>	<p>Name of Employer  <b>Self-Employed</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>06/08/95</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	
<p>F. Full Name, Mailing Address and Zip Code  <b>David Glen Wade DPM</b>                      5100 N. Brookline Ave., #270                      Oklahoma City, OK 73112-3603</p>	<p>Name of Employer  <b>Self-Employed</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>06/09/95</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	
<p>G. Full Name, Mailing Address and Zip Code  <b>Michael Connor DPM</b>                      4 Danbury Rd., 2nd Fl.                      Willton, CT 06897-4303</p>	<p>Name of Employer  <b>Self-Employed</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>05/26/95</b></p>	<p>Amount of Each Receipt this Period  <b>125.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date &gt; \$ <b>125.00</b></p>	
<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>			<p><b>1,675.00</b></p>
<p>TOTAL this Period (Less page this line number only).....&gt;</p>			<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE	OF
2	2
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  <b>Brian Deschamps DPM</b>                      43 W. Main St., Suite 10                      Rockville, CT 06066-3549</p>	<p>Name of Employer  <b>Self-Employed</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>06/12/95</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>B. Full Name, Mailing Address and Zip Code  <b>Linda C. Markwardt DPM</b>                      20 N. Grand, #9                      Ft. Thomas, KY 41075-1755</p>	<p>Name of Employer  <b>Self-Employed</b></p> <p>Occupation</p>	<p>Date (Month day, Year)  <b>06/14/95</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>C. Full Name, Mailing Address and Zip Code  <b>Richard J. Grayson DPM</b>                      40 Avon Meadow Lane                      Avon, CT 06001-3753</p>	<p>Name of Employer  <b>Self-Employed</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>05/25/95</b></p>	<p>Amount of Each Receipt this Period  <b>125.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>125.00</b></p>		
<p>D. Full Name, Mailing Address and Zip Code  <b>Mark Seathoff DPM</b>                      702 23rd St.                      Ft. Madison, IA 52627-4040</p>	<p>Name of Employer  <b>Self-Employed</b></p> <p>Occupation  <b>Podiatrist</b></p>	<p>Date (Month day, Year)  <b>06/21/95</b></p>	<p>Amount of Each Receipt this Period  <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>		
<p>E. Full Name, Mailing Address and Zip Code  <b>Robert Crotty DPM</b>                      120 N. Perkins                      Stillwater, OK 74075-3524</p>	<p>Name of Employer  <b>Self-Employed</b></p> <p>Occupation</p>	<p>Date (Month day, Year)  <b>06/28/95</b></p>	<p>Amount of Each Receipt this Period  <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>		
<p>F. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$</p>		
<p>G. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>			<p><b>1,625.00</b></p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>			<p><b>3,300.00</b></p>



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PODIATRY POLITICAL ACTION COMMITTEE

Name/Address	Purpose	Date	Amount
JOHN ENSIGN FOR CONGRESS CHOB 414 WASHINGTON, DC 20515	ENSIGN, JOHN R-1-NC PRIMARY 1996	6/5/95	\$1,000.00
FRIENDS OF DAVE WELDON CHOB 216 WASHINGTON, DC 20515	WELDON, DAVE R-15-FL PRIMARY 1996	6/5/95	\$1,000.00
ALLARD FOR CONGRESS COMM. CHOB 422 WASHINGTON, DC 20515	ALLARD, WAYNE R-4-CO PRIMARY 1996	6/5/95	\$1,000.00
PEOPLE FOR PATTY MURRAY SR 111 WASHINGTON, DC 20510	MURRAY, PATTY D-WA PRIMARY 1996	6/5/95	\$500.00
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE 430 S. CAPITOL STREET WASHINGTON, DC 20003	POLITICAL PARTY CONTRIBUTION	6/12/95	\$1,000.00
WYDEN FOR CONGRESS LHOB 1111 WASHINGTON, DC 20515	WYDEN, RON D-3-OR PRIMARY 1996	6/12/95	\$2,500.00
STOKES FOR CONGRESS COMM. RHOB 2365 WASHINGTON, DC 20515	STOKES, LOUIS D-11-OH PRIMARY 1996	6/12/95	\$1,000.00
FRIENDS OF ROSA DELAURO CHOB 436 WASHINGTON, DC 20515	DELAURO, ROSA D-3-CT PRIMARY 1996	6/12/95	\$1,000.00
LINDER FOR CONGRESS LHOB 1318 WASHINGTON, DC 20515	LINDER, JOHN R-4-GA PRIMARY 1996	6/12/95	\$500.00
SUBTOTAL DISBURSEMENTS THIS PAGE			\$9,500.00

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PODIATRY POLITICAL ACTION COMMITTEE

Name/Address	Purpose	Date	Amount
FRIENDS OF SAM JOHNSON LHOB 1030 WASHINGTON, DC 20515	JOHNSON, SAM R-3-TX PRIMARY 1996	6/12/95	\$1,000.000
COMMITTEE TO RE-ELECT NANCY JOHNSON CHOB 343 WASHINGTON, DC 20515	JOHNSON, NANCY D-6-CT PRIMARY 1996	6/12/95	\$1,000.00
FAZIO FOR CONGRESS RHOB 2113 WASHINGTON, DC 20515	FAZIO, VIC D-3-CA PRIMARY 1996	6/12/95	\$500.00
PALLONE FOR CONGRESS CHOB 420 WASHINGTON, DC 20515	PALLONE, FRANK D-6-NJ PRIMARY 1996	6/26/95	\$1,000.000
COMMITTEE TO RE-ELECT MICHAEL FLANAGAN LHOB 1407 WASHINGTON, DC 20515	FLANAGAN, MICHAEL R-5-IL PRIMARY 1996	6/26/95	\$500.00
SUBTOTAL DISBURSEMENTS THIS PAGE			\$4,000.00
DISBURSEMENTS THIS PERIOD			\$13,500.00

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

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

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

7-14-95

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

*BJH*  
PREPARER

7-16-95  
DATE PREPARED