

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

MAY 1 10 34 AM '96

1. NAME OF COMMITTEE (In full) Podiatry Political Action Committee		2. FEC IDENTIFICATION NUMBER C00048839
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 multi-candidate 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>03/01/96</u> through <u>03/31/96</u>		
6. (a) Cash on Hand January 1, 1996		\$ 73,570.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 122,685.30	
(c) Total Receipts (from line 1B)	\$ 64,615.99	\$ 150,129.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 187,301.29	\$ 223,709.50
7. Total Disbursements (from Line 3C)	\$ 48,377.60	\$ 84,776.81
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 138,923.69	\$ 138,923.69
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. Caron

Signature of Treasurer _____ Date _____

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

FEC FORM 3X

(Revised 9/93)

95030491457

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/94)

NAME OF COMMITTEE Podiatry Political Action Committee	REPORT COVERING PERIOD	
	FROM: 03/01/96	TO: 03/31/96
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	21,900.00	54,785.00
ii. Unitemized.....	40,817.24	93,446.07
iii. Total..... (add i and ii) >	62,717.24	148,231.07
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions..... (add all, b and c) >	62,717.24	148,231.07
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.).....	1,898.75	1,898.75
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) >	64,615.99	150,129.82
20. Total Federal Receipts..... (subtract line 18 from line 19) >	64,615.99	150,129.82
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.....	27.60	764.31
c. Total Operating Expenditures..... (Add a, ai, and b) >	27.60	764.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48,000.00	81,500.00
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.....	350.00	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) >	350.00	450.00
29. Other Disbursements.....	0.00	2,062.50
30. Total Disbursements..... (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	48,377.60	84,776.81
31. Total Federal Disbursements..... (Subtract line 21 all from line 30) >	48,377.60	84,776.81
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d).....	62,717.24	148,231.07
33. Total Contribution Refunds (from line 28d).....	350.00	450.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	62,367.24	147,781.07
35. Total Federal Operating Expenditures..... (add 21 ai and 21 b) >	27.60	764.31
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	27.60	764.31

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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

9 5 0 3 0 4 9 1 4 5 9

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Thomas Jacobs 700 Center St., Suite 506 Columbus, GA 31901-1545	Self-Employed Occupation Podiatrist	03/01/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
Edward Nienwenhuis DPM 385 Clinton Ave. Wyckoff, NJ 07481-1934	Self-Employed Occupation Podiatrist	03/01/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		300.00
Gregory Spain DPM 235 Humphrey Rd. Two Pineview Pl., #4 Greensburg, PA 15601-4579	Self-Employed Occupation Podiatrist	03/04/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Juan McNeela-Herring DPM 1717 Garden St. Titusville, FL 32796-5002	Self Employed Occupation Podiatrist	03/04/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		300.00
Janet Simon DPM 121 Sycamore, N.E. Albuquerque, NM 87106	Self Employed Occupation Podiatrist	03/05/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Gregory Worley DPM 808 Scott Blvd. Covington, KY 41011-2437	N. KY Foot Specialists Occupation Podiatrist	03/05/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		300.00
Matthew Connolly DPM 1419 Alexandria Pike Fort Thomas, KY 41075-2540	Self Employed Occupation Podiatrist	03/05/96	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).....> 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

PAGE 2 OF 12

FOR LINE NUMBER 11 a 1

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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
Norman Kornblatt DPM 3666 Hwy. 5, #101 Douglasville, GA 30135-2364	Ankle & Foot Specialists-Douglas County Occupation Podiatrist	03/05/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Paul Bodamer, Sr. DPM 2605 Parkwood Dr. Brunswick, GA 31520-4726	OBA/Parkwood Podiatry Associates Occupation Podiatrist	03/05/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Jay Levine DPM 8 Argow Pl. Nanuet, NY 10954-3606	Self Employed Occupation Podiatrist	03/06/96	225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
Robert Bier DPM 16 Monica Dr. Edison, NJ 08820-3224	Self-Employed Occupation Podiatrist	03/06/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Joseph D'Amico DPM 333 W. 57th St. New York, NY 10019-3159	Self-Employed Occupation Podiatrist	03/06/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
Mark Majeski DPM 618 Main St. Toms River, NJ 08753-7456	Self Employed Occupation Podiatrist	03/06/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
Ross Taubman DPM 2 Knoll Dr., N. Columbia, MD 21045-2209	Self Employed Occupation Podiatrist	03/06/96	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)..... > 1,875.00

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

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SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

96030491451

<p>A. Full Name, Mailing Address and Zip Code Maureen Crutty DPM 4302 S. Peoria Tulsa, OK 74105-3924</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Green Country Podiatry Center, P.C.</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/06/96</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Aggregate Year-to-date > \$ 500.00</p>			
<p>B. Full Name, Mailing Address and Zip Code Jerauld Ferritto DPM 3184 W. Broad St. Columbus, OH 43204-1327</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/07/96</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Aggregate Year-to-date > \$ 500.00</p>			
<p>C. Full Name, Mailing Address and Zip Code Steven Seltzer DPM 754 McGuire Pl. Newport News, VA 23601-1630</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Affiliated Podiatrists, P.C.</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/07/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Aggregate Year-to-date > \$ 250.00</p>			
<p>D. Full Name, Mailing Address and Zip Code Brian Connell DPM 55 Memorial Blvd. Newport, RI 02840-3679</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/07/96</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Aggregate Year-to-date > \$ 500.00</p>			
<p>E. Full Name, Mailing Address and Zip Code Edward Smith, Jr. DPM 148 Park St. Springfield, VT 05156-3034</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/08/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Aggregate Year-to-date > \$ 250.00</p>			
<p>F. Full Name, Mailing Address and Zip Code Robert Swanson DPM 301 S. Roosevelt Rd. Beaver Dam, WI 53916-2442</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Beaver Dam Podiatry Clinic, Ltd.</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/08/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>Aggregate Year-to-date > \$ 300.00</p>			
<p>G. Full Name, Mailing Address and Zip Code John Mattiace DPM 1146 Foxchase Rd. Rydal, PA 19046-3324</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/08/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Aggregate Year-to-date > \$ 250.00</p>			

SUB TOTAL of Receipts This Page (Optional)..... > **2,550.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

9 6 0 3 0 4 9 1 4 4 2

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Russell Barone DPM 600 Fifth Ave., W. Hendersonville, NC 28739-4206	Hendersonville Podiatry	03/08/96	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
James Christina DPM 5640 Nicholson Lane, #10 Rockville, MD 20852-2952	White Flint Podiatry Center	03/08/96	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
Thomas Redmond DPM 333 Turwill Lane Kalamazoo, MI 49006-4231	Kalamazoo Podiatry, P.C.	03/11/96	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 Bruyn DPM 450 N. 11th St. Beaumont, TX 77702-1804	Beaumont Foot Specialists	03/11/96	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
Brian Deschamps DPM 43 W. Main St., Suite 10 Rockville, CT 06066-3549	Self-Employed	03/11/96	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
Phillip Sexton DPM Grand Island Foot Clinic 659 N. Orleans Dr. Grand Island, NE 68803-3407	Self Employed	03/11/96	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 Canglano DPM 579 Bergen Blvd. Ridgefield, NJ 07657-2020	Self-Employed	03/12/96	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).....> **1,650.00**

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

96030491453

<p>A. Full Name, Mailing Address and Zip Code Wayne Marchand DPM 48 Auburn St. Auburn, MA 01501-2438</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/12/96</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code David Wellikoff DPM 1133 S. Baker St. McMinnville, OR 97128-6805</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Yamhill County Foot Health Center</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/12/96</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Otto Hall DPM 8595 Picardy Ave, Suite 440 Baton Rouge, LA 70809</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/12/96</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Carol LaRose DPM 6160 S. Yale Tulsa, OK 74136</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/13/96</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code William Jones DPM 1218 N. Florence Claremore, OK 74017-4216</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/13/96</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Loren Rogers DPM 218 E. Front St., #105 Missoula, MT 59802-4402</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/13/96</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>G. Full Name, Mailing Address and Zip Code Philip Radovic DPM 665 Camino De Los Mares, #309 San Clemente, CA 92673-2841</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Calif. Foot & Ankle Podiatry Center</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/13/96</p> <p>Aggregate Year-to-date > \$ 300.00</p>	<p>Amount of Each Receipt this Period 300.00</p>

SUB TOTAL of Receipts This Page (Optional) **1,675.00**

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 6 OF 12
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 Neil Burrell DPM 385 N. 13th St. Beaumont, TX 77702-1805</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Southeast Texas Foot Clinic</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/14/96</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>B. Full Name, Mailing Address and Zip Code Rodney Wright DPM P.O. Box 178 Tawas City, MI 48764-0178</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/14/96</p> <p>Aggregate Year-to-date > \$ 300.00</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>C. Full Name, Mailing Address and Zip Code Craig Schein DPM 1611 W. 53rd Ave. Bradenton, FL 34207-2868</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/14/96</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Richard Gensheimer DPM 500 W. Whitney Rd. Penfield, NY 14526-2341</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/14/96</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Lawrence Hufford DPM 5588 Hamilton Richmond Rd. Hamilton, OH 45013-9721</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/14/96</p> <p>Aggregate Year-to-date > \$ 300.00</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>F. Full Name, Mailing Address and Zip Code James H. Blume DPM 508 Blake St. New Haven, CT 06515-1287</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/15/96</p> <p>Aggregate Year-to-date > \$ 400.00</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>G. Full Name, Mailing Address and Zip Code Gregory Young DPM 1033 S. Kerr Ave. Wilmington, NC 28403-4312</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/15/96</p> <p>Aggregate Year-to-date > \$ 300.00</p>	<p>Amount of Each Receipt this Period 300.00</p>

SUB TOTAL of Receipts This Page (Optional).....>	1,825.00
TOTAL this Period (Last page this line number only).....>	

9603049144

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 12

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 Gary Grippo DPM 270 Center St., Suite 110 West Haven, CT 06516-4400</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/15/96</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 Mark Yeske DPM 714 S.W. Durian Ave. Pendleton, OR 97801-2039</p>	<p>Name of Employer Blue Mountain Foot Specialists</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/18/96</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>C. Full Name, Mailing Address and Zip Code Dario Vanderwilt DPM 718 Lomas Blvd., N.W., #A Albuquerque, NM 87102-2073</p>	<p>Name of Employer Family Foot Health Specialists</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/18/96</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 Fattah Mirian DPM 1219 Rockingham Rd., #9 Rockingham, NC 28379-4925</p>	<p>Name of Employer Richmond Foot Clinic</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/18/96</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>E. Full Name, Mailing Address and Zip Code Theresa Conroy DPM 531 E. Gates St. Philadelphia, PA 19128-2510</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/19/96</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>F. Full Name, Mailing Address and Zip Code Charles Cavicchio DPM 1492 Mineral Spring Ave. North Providence, RI 02904-3130</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/19/96</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 Mark Haas DPM 121 Sycamore St., N.E. Albuquerque, NM 87106-4622</p>	<p>Name of Employer Albuquerque Assoc. Podiatrists</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 03/19/96</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		

SUB TOTAL of Receipts This Page (Optional).....> **2,100.00**

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

93030421465

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **B** OF **12**
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 Leonard Yourofsky DPM 26621 Southfield Rd. Lathrup Village, MI 48076-4530</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 03/19/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Michael Thompson DPM 3535 30th Ave., Suite 203 Kenosha, WI 53144-1620</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Kenosha Medical Park</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 03/19/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Richard Miller DPM 717 S. Turrenace St. Charlotte, NC 28204-3071</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Carmel Foot Specialists, P.A.</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 300.00</p>	<p>Date (Month day, Year) 03/19/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>D. Full Name, Mailing Address and Zip Code Gregory Bryan DPM 2508 Bert Kouns, #204 Shreveport, LA 71118-6109</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer American Fort Health Specialist</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 300.00</p>	<p>Date (Month day, Year) 03/19/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>E. Full Name, Mailing Address and Zip Code Michael Lerner DPM 622 Boulevard Kendilworth, NJ 07033-1640</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 400.00</p>	<p>Date (Month day, Year) 03/19/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>F. Full Name, Mailing Address and Zip Code Holly Albrecht DPM P.O. Box 411544 St. Louis, MO 63141</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 03/20/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Richard Rogers DPM 6100 Jonestown Rd., Suite B Harrisburg, PA 17112-2632</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 300.00</p>	<p>Date (Month day, Year) 03/20/96</p>	<p>Amount of Each Receipt this Period 300.00</p>

SUB TOTAL of Receipts This Page (Optional).....>	1,950.00
TOTAL this Period (Last page this line number only).....>	

9 3 0 3 0 4 9 1 4 3 6

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 12
FOR LINE NUMBER 11 a i

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

96030491467

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Eric Nelson DPM 1450 Bancroft Ave. San Leandro, CA 94577-5106	Self Employed	03/22/96	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
Steven Vines DPM 1100 Gonzales Rd., #106 Oxnard, CA 93030	Self Employed	03/22/96	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 Ginney DPM 7210 Turfway Rd. Lower Level Florence, KY 41042-1695	Self-Employed	03/22/96	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
Richard Peffley DPM 560 Winter St., SE., Suite 3 Salem, OR 97302	Self-Employed	03/25/96	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
Jay Berenter DPM 9850 Genesee Ave., #360 La Jolla, CA 92037	Self Employed	03/25/96	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
Mark Smith DPM 136 Jackson St., #4 Oshkosh, WI 54901-4714	Self Employed	03/25/96	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
John Saeva DPM 1814 Mission 66 Vicksburg, MS 39180-4802	Self Employed	03/25/96	125.00
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)..... > **1,775.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Pediatrics Political Action Committee

96030791460

A. Full Name, Mailing Address and Zip Code Billy Westbrook DPM 812 E. Marshall Ave. Longview, TX 75601-5546		Name of Employer Self-Employed	Date (Month day, Year) 03/25/96	Amount of Each Receipt this Period 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 550.00	
B. Full Name, Mailing Address and Zip Code Joseph Sciandra DPM 100 Four Seasons, E. Amherst, NY 14226-4276		Name of Employer Self-Employed	Date (Month day, Year) 03/25/96	Amount of Each Receipt this Period 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. Full Name, Mailing Address and Zip Code Francis Bramlett DPM 4119 Montrose Blvd., #117 Houston, TX 77006-4736		Name of Employer Self Employed	Date (Month day, Year) 03/26/96	Amount of Each Receipt this Period 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	
D. Full Name, Mailing Address and Zip Code Richard Goad DPM 730 N. Main Ave., #824 San Antonio, TX 78205-1117		Name of Employer South Texas Podiatry Associates	Date (Month day, Year) 03/26/96	Amount of Each Receipt this Period 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	
E. Full Name, Mailing Address and Zip Code Gary Lepow DPM 6624 Fannin St., Suite 1690 Houston, TX 77030-2328		Name of Employer Lepow Podiatric Medical Associates	Date (Month day, Year) 03/26/96	Amount of Each Receipt this Period 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	
F. Full Name, Mailing Address and Zip Code Ronald Lepow DPM 6624 Fannin St., Suite 1690 Houston, TX 77030-2328		Name of Employer Lepow Podiatric Medical Associates	Date (Month day, Year) 03/26/96	Amount of Each Receipt this Period 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	
G. Full Name, Mailing Address and Zip Code Randal Lepow DPM 6624 Fannin St., Suite 1690 Houston, TX 77030-2328		Name of Employer Lepow Podiatric Medical Associates	Date (Month day, Year) 03/26/96	Amount of Each Receipt this Period 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)..... >				1,725.00
TOTAL this Period (Last page this line number only)..... >				

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Spencer Nichols DPM 106 Southpark Dr. Brownwood, TX 76801-5918</p>	<p>Name of Employer Brownwood Foot Care Center</p>	<p>Date (Month day, Year) 03/26/96</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 Henry Swift, II DPM 929 Manor Dr., #15 San Antonio, TX 78228-3259</p>	<p>Name of Employer Self Employed</p>	<p>Date (Month day, Year) 03/26/96</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>C. Full Name, Mailing Address and Zip Code Billy Westbrook DPM 812 E. Marshall Ave. Longview, TX 75601-5546</p>	<p>Name of Employer Self-Employed</p>	<p>Date (Month day, Year) 03/26/96</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 > \$ 550.00</p>		
<p>D. Full Name, Mailing Address and Zip Code David Blackmer DPM 1501 Highland Ave., Suite E Burley, ID 83318</p>	<p>Name of Employer Self-Employed</p>	<p>Date (Month day, Year) 03/28/96</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>E. Full Name, Mailing Address and Zip Code Randall Stroot DPM 1852 N.W. Sixth St. Grants Pass, OR 97526-1038</p>	<p>Name of Employer Self Employed</p>	<p>Date (Month day, Year) 03/28/96</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>F. Full Name, Mailing Address and Zip Code David Alper DPM 1 Oak Ave. Belmont, MA 02178-2751</p>	<p>Name of Employer Self Employed</p>	<p>Date (Month day, Year) 03/28/96</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 Randall Torre DPM 900 Kiely Blvd., Bldg. D Santa Clara, CA 95051-5329</p>	<p>Name of Employer Self Employed</p>	<p>Date (Month day, Year) 03/29/96</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>2,150.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			<p></p>

9 5 0 3 0 2 9 1 4 6 9

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
John McGarry DPM 950 E. Harvard, Suite 400 Denver, CO 80210-7004	Self-Employed	03/29/96	225.00
Occupation Podiatrist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > 4 300.00	
Kenneth Sengpiel DPM 2366 Nicholasville Rd., #503 Lexington, KY 40503-3063	Self Employed	03/29/96	250.00
Occupation Podiatrist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > 9 250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > †	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > †	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > †	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > †	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > †	
SUB TOTAL of Receipts This Page (Optional)			475.00
TOTAL this Period (Last page this line number only)			21,900.00

96030491470

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In full)
Pediatric Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Smith-Barney Smith-Barney 280 Trumbull Street Hartford, CT 06103</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Occupation Investment Firm</p> <p>Aggregate Year-to-date > \$ 1,898.75</p>	<p>Date (Month day, Year) 03/31/96</p>	<p>Amount of Each Receipt this Period 1,898.75</p>
<p>B. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-date > \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-date > \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-date > \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-date > \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-date > \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-date > \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>SUB TOTAL of Receipts This Page (Optional).....</p>			<p>1,898.75</p>
<p>TOTAL this Period (Last page this line number only).....</p>			<p>1,898.75</p>

95030491471

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 of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Podiatry Political Action Committee

96030491472

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Smith Barney 280 Trumbull Street Hartford, CT 06103	Interest Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	03/31/96	27.60
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).....>	27.60
TOTAL this Period (Last page this line number only).....>	27.60

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 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	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Scotty Baesler for Congress Suite A100 2365 Harrodsburg Rd. Lexington, KY 40504	Henry Scott Baesler, U.S. HOUSE 6th KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/25/96	1,000.00
Re-Elect Brian Bilbray for Congress 12780 High Bluff Drive #270 San Diego, CA 92130	Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	500.00
Friends of John Boehner 7908 Cincinnati-Dayton Rd West Chester, OH 45069	John Andrew Boehner, U.S. HOUSE 8th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
Sam Brownback For Congress P.O. Box 2008 Topeka, KS 66601	Samuel Dale Brownback, U.S. HOUSE 2nd KS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/19/96	500.00
Friends of Corrine Brown 11248 West Edgewood Ave. Jacksonville, FL 32208	Corrine Brown, U.S. HOUSE 3rd FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
Committee to Elect Winston Bryant P.O. Box 34083 Little Rock, AR 72203	Winston Bryant, U.S. SENATE AR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/19/96	2,500.00
Dave Camp for Congress '96 5915 Eastman Avenue Suite 100 Midland, MI 48640	Dave Camp, U.S. HOUSE 4th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	500.00
Clark For U.S. Senate P.O. Box 381181 Birmingham, AL 35238	Walter Clark, U.S. SENATE AL Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1996	03/19/96	5,000.00
Clark For U.S. Senate P.O. Box 381181 Birmingham, AL 35238	Walter Clark, U.S. SENATE AL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/19/96	5,000.00

SUB TOTAL of Disbursements this page (Optional).....> 17,000.00

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

9 6 0 3 0 4 9 1 4 7 3

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Podiatry Political Action Committee

96030491474

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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/19/96	2,500.00
Tom Coburn for Congress Committee 515 W. Okmulgee Muskogee, OK 74401	Thomas A. Coburn, U.S. HOUSE 2nd OK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
Doggett For U.S. Congress Committee P.O. Box 5843 Austin, TX 78703	Lloyd Doggett, U.S. HOUSE 10th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/19/96	500.00
Friends of Jennifer B. Dunn P.O. Box 40110 Bellevue, WA 98004	Jennifer B. Dunn, U.S. HOUSE 8th WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/29/96	500.00
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) 1996	03/11/96	1,000.00
Friends for Franks P.O. Box 2743 Waterbury, CT 06723	Gary A. Franks, U.S. HOUSE 5th CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	500.00
People for Ganake 5907 Grand Avenue Des Moines, IA 50312	Greg Ganake, U.S. HOUSE 4th IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
Ben Graber for U.S. Congress FL	Ben Graber, U.S. HOUSE 19th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/04/96	1,000.00
Gutknecht For U.S. Congress P.O. Box 6428 Rochester, MN 55903	Gilbert William Gutknecht, U.S. HOUSE 1st MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/29/96	500.00

SUB TOTAL of Disbursements this page (Optional).....>	8,500.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Poetry Political Action Committee

9 5 0 3 0 4 9 1 4 7 5

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Jane Harman 5200 W. Century Bl. #370 Los Angeles, CA 90045	Jane Harman, U.S. HOUSE 36th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
J.D. Hayworth for Congress P.O. Box 9207 Mesa, AZ 85214	John David Hayworth, U.S. HOUSE 6th AZ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/04/96	1,000.00
Friends for Houghton P.O. Box 1107 Corning, NY 14830	Amory Houghton, Jr., U.S. HOUSE 31st NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
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	03/11/96	500.00
Hutchinson for Congress Committee 309 Razorback Bentonville, AR 72712	Y. Tim Hutchinson, U.S. HOUSE 3rd AR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	500.00
Tim Johnson for South Dakota P.O. Box 88113 Sioux Falls, SD 57105	Tim Johnson, U.S. SENATE SD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/19/96	2,500.00
Friends of Patrick Kennedy P.O. Box 1356 Providence, RI 02901	Patrick J. Kennedy, U.S. HOUSE 1st RI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	500.00
Congressman Kildee Committee P.O. Box 317 Flint, MI 48501	Dale Edward Kildee, U.S. HOUSE 9th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	500.00
Citizens for Ron Klink #214 141 Renfer Street Pittsburgh, PA	Ronald P. Klink, U.S. HOUSE 4th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	500.00
SUB TOTAL of Disbursements this page (Optional).....>			8,000.00
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

25030491476

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Scott Klug for Congress, Inc. P.O. Box 5619 Madison, WI 53705	Scott L. Klug, U.S. HOUSE 2nd WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/25/96	1,000.00
Levin for Congress 30636 Dequindre Warren, MI 48092	Sander M. Levin, U.S. HOUSE 12th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/25/96	1,000.00
Luther for Congress Volunteer Committee 4009 Tenth Avenue North Anoka, MN 55303	William P. Luther, U.S. HOUSE 6th MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/29/96	500.00
Maloney For Congress 49 East 92nd Street New York, NY 10128	Carolyn B. Maloney, U.S. HOUSE 14th NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/19/96	500.00
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
Reed Committee P.O. Box 8628 Cranston, RI 02920	John F. Reed, U.S. HOUSE 2nd RI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/19/96	1,500.00
New Mexicans For Bill Richardson P.O. Box 518 Santa Fe, NM 87504	Bill Richardson, U.S. HOUSE 3rd NM Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
Pat Roberts For Congress P.O. Box 433 Great Bend, KS 67530	Pat Roberts, U.S. HOUSE 1st KS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/19/96	2,500.00
Hoosiers for Tim Roemer P.O. Box 4400 South Bend, IN 46634	Timothy J. Roemer, U.S. HOUSE 3rd IN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00

SUB TOTAL of Disbursements this page (Optional)..... > **10,000.00**

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

960301477

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Ike Skelton For Congress Committee P.O. Box A Harrisonville, MO 64701	Ike Skelton, U.S. HOUSE 4th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	500.00
Citizens for Arlen Specter 1998 111 South 15th St., Suite 844 Philadelphia, PA 19102	Arlen Specter, U.S. SENATE PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
Jim Turner for Congress P.O. Box 780 Crockett, TX 75885	Jim Turner, U.S. SENATE TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/04/96	1,000.00
Ward for Congress 1905 Deer Park Avenue Louisville, KY 40205	Mike Ward, U.S. HOUSE 3rd KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/29/96	1,000.00
Friends of Dave Weldon 1602 Williar Road, NW Palm Bay, FL 32907	Dave Weldon, U.S. HOUSE 15th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/11/96	1,000.00
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).....>	4,500.00
TOTAL this Period (Last page this line number only).....>	48,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Podiatry Political Action Committee

9 6 0 3 0 4 9 1 4 7 8

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Gregory Amarantos 2740 W. Foster Ave. #310 Chicago, IL 60625	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/29/96	300.00
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).....>	300.00
TOTAL this Period (Last page this line number only).....>	300.00

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.

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and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

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PREPARER

5-7-96

DATE PREPARED

95030291479