

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 23 11 24 AM '96

1. NAME OF COMMITTEE (in full) Podiatry Political Action Committee		2. FEC IDENTIFICATION NUMBER C00008839
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9312 Old Georgetown Road		
CITY, STATE and ZIP CODE Bethesda, MD 20814-1698		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election)
election on / / in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/01/96</u> through <u>10/16/96</u>		
6. (a) Cash on Hand January 1, 1996		\$ 73,578.69
(b) Cash on Hand at Beginning of Reporting Period	\$ 100,252.95	
(c) Total Receipts (from line 19)	\$ 6,257.00	\$ 286,951.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 106,509.95	\$ 360,521.82
7. Total Disbursements (from Line 30)	\$ 10,000.00	\$ 264,011.87
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 96,509.95	\$ 96,509.95
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 F Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

I Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and Complete.

Type or Print Name of Treasurer John R. Carson	Date 10-22-96
Signature of Treasurer <i>John R. Carson</i>	

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 (1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Podiatry Political Action Committee	FROM: 10/01/96	TO: 10/16/96
	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).....	2,380.00	105,562.34
ii. Unitemized.....	3,877.00	164,975.46
iii. Total.....(add i and ii) >	6,257.00	270,537.80
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add all i, b and c) >	6,257.00	270,537.80
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.).....	0.00	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) >	6,257.00	286,951.14
20. Total Federal Receipts.....(subtract line 18 from line 19) >	6,257.00	286,951.14
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.....	0.00	962.00
c. Total Operating Expenditures.....(Add ai, aii, and b) >	0.00	962.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10,000.00	260,437.37
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(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. Individual/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) >	10,000.00	264,011.87
31. Total Federal Disbursements.....(Subtract line 21 all from line 30) >	10,000.00	264,011.87
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d).....	6,257.00	270,537.80
33. Total Contribution Refunds (from line 28d).....	0.00	450.00
34. Net Contributions (Other than loans) (subtract line 33 from line 32).....	6,257.00	270,087.80
35. Total Federal Operating Expenditures.....(add 21 ai and 21 bi) >	0.00	962.00
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from line 35) >	0.00	962.00

06-03-170-1500

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code Gregory Amarantos DPM 1006 Church St. Glenview, IL 60025-2927	Name of Employer Self Employed	Date (Month day, Year) 10/07/96	Amount of Each Receipt this Period 20.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 325.00		
B. Full Name, Mailing Address and Zip Code Matthew Garoufalis DPM 5301 S. Cicero Ave. Chicago, IL 60632-4916	Name of Employer Professional Foot Care Specialists	Date (Month day, Year) 10/07/96	Amount of Each Receipt this Period 10.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 265.00		
C. Full Name, Mailing Address and Zip Code Mark Ellis DPM 582 22nd Street Astoria, OR 97103-3800	Name of Employer Podiatric Medicine & Surgery	Date (Month day, Year) 10/07/96	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
D. Full Name, Mailing Address and Zip Code Douglas Freed DPM 3011 Main Quincy, IL 62301-4400	Name of Employer	Date (Month day, Year) 10/15/96	Amount of Each Receipt this Period 100.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
E. Full Name, Mailing Address and Zip Code Jordan Ross DPM 8128 E. Washington Indianapolis, IN 46219-6814	Name of Employer Community Foot & Ankle Care	Date (Month day, Year) 10/15/96	Amount of Each Receipt this Period 150.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
F. Full Name, Mailing Address and Zip Code Donald Ferris DPM 350 Blountsville Highway #103 Bristol, TN 37620	Name of Employer Self Employed	Date (Month day, Year) 10/15/96	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
G. Full Name, Mailing Address and Zip Code Edward Wiltgen DPM 2800 Pierce, #306 Sioux City, IA 51104-3707	Name of Employer	Date (Month day, Year) 10/15/96	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		

SUB TOTAL of Receipts This Page (Optional) > **1,030.00**

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 3
FOR LINE NUMBER 11 a f

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Howard Hyman DPM 2168 Millburn Ave. Maplewood, NJ 07040-2670</p>	<p>Name of Employer Occupation Podiatrist</p>	<p>Date (Month day, Year) 10/15/96</p>	<p>Amount of Each Receipt this Period 125.00</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 Richard Moorhead DPM 1061 Main St. Wheeling, WV 26003-2701</p>	<p>Name of Employer Wheeling Foot Clinic Occupation Podiatrist</p>	<p>Date (Month day, Year) 10/15/96</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 449.00</p>		
<p>C. Full Name, Mailing Address and Zip Code David Unger DPM 535 Saybrook Rd. Middletown, CT 06457-4743</p>	<p>Name of Employer Middlesex Podiatry Associates Occupation Podiatrist</p>	<p>Date (Month day, Year) 10/15/96</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>D. Full Name, Mailing Address and Zip Code James Kirk DPM 845 Church St., N., Suite 102 Concord, NC 28025-4300</p>	<p>Name of Employer Occupation Podiatrist</p>	<p>Date (Month day, Year) 10/15/96</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 300.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Michael Mulay DPM 5485 Milwaukee Ave. Chicago, IL 60630-1249</p>	<p>Name of Employer Occupation Podiatrist</p>	<p>Date (Month day, Year) 10/15/96</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 400.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Allen Raich DPM 4120 Barnstable Cove Memphis, TN 38125</p>	<p>Name of Employer Self Employed Occupation Podiatrist</p>	<p>Date (Month day, Year) 10/15/96</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 Stanley Beckman DPM 13333 Lorain Ave. Cleveland, OH 44111-3405</p>	<p>Name of Employer Occupation Podiatrist</p>	<p>Date (Month day, Year) 10/15/96</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 225.00</p>		

SUB TOTAL of Receipts This Page (Optional).....> 1,275.00

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
John Carroll DPM 6015 Monclova Rd. Maumee, OH 43537-1864	Podiatric Assoc. of North West OH, Inc.	10/15/96	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation: Podiatrist	Aggregate Year-to-date > \$ 375.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	
SUB TOTAL of Receipts This Page (Optional)			75.00
TOTAL this Period (Last page this line number only)			2,380.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	2
FOR LINE NUMBER		
23		

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NAME OF COMMITTEE (in Full)
Pediatry 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/16/96	1,000.00
Christensen for Congress 8630 Cass Street Omaha, NE 68114	Jon Christensen, U.S. HOUSE 2nd NE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/04/96	1,000.00
Cooksey for Congress P.O. Box 7600 Mouroe, LA 71211	John Cooksey, U.S. HOUSE 5th LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/16/96	1,000.00
Crawford for Congress Committee 206 West Patrick Street Frederick, MD 21701	Steve Crawford, U.S. HOUSE 6th MD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/10/96	1,000.00
Friends of Rosa 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	10/16/96	-500.00
Luther for Congress Volunteer Committee 4069 Tenth Avenue North Anoka, MN 55303	William P. Luther, U.S. HOUSE 6th MN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/10/96	500.00
Committee to Elect Mike McIntyre to Congress 3780 Berkley Lane Lumberton, NC 28358	Mike McIntyre, U.S. HOUSE 7th NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/10/96	1,000.00
Olver for Congress P.O. Box 819 Amherst, MA 01004	John W. Olver, U.S. HOUSE 1st MA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/10/96	1,000.00
Pascrell for Congress 63 Quartz Lane Paterson, NJ 07501	Bill Pascrell, U.S. HOUSE 8th NJ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/07/96	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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	2	2
FOR LINE NUMBER		23

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NAME OF COMMITTEE (in Full)
Politary Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Ryan for Congress 4006 S.W. Huntoon Topcka, KS 66604	Jim Ryan, U.S. HOUSE 2nd KS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/10/96	1,000.00
Ike Skelton For Congress Committee P.O. Box A Harrisonville, MO 64701	Ike Skelton, U.S. HOUSE 4th MO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/07/96	1,000.00
Westbrock for Congress 23 Jasper Street Dayton, OH 45409	David Westbrock, U.S. HOUSE 3rd OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/10/96	1,000.00
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).....>	3,000.00
TOTAL this Period (Last page this line number only).....>	10,000.00

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

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

Hand Delivered

DATE OF RECEIPT

10-23-96

First Class Mail

POSTMARKED

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

MW
PREPARER

10-23-96
DATE PREPARED