

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION JUL 11 1997

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>06/01/97</u> through <u>06/30/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 99,361.41
(b) Cash on Hand at Beginning of Reporting Period	\$ 171,175.29	
(c) Total Receipts (from line 19)	\$ 21,346.42	\$ 184,160.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 192,521.71	\$ 283,521.50
7. Total Disbursements (from Line 30)	\$ 10,500.00	\$ 181,499.79
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 182,021.71	\$ 192,021.71
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 800-424-9531 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		
Signature of Treasurer <i>John R. Carson</i>		Date 7-10-97

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

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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 <i>Pediatric Political Action Committee</i>	REPORT COVERING PERIOD	
	FROM: 06/01/97	TO: 06/30/97
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	5,025.00	63,880.00
ii. Unitemized.....	15,591.50	113,665.80
iii. Total..... [add i and ii] >	20,616.50	177,545.80
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions..... [add aiii, b and c] >	20,616.50	177,545.80
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	729.92	6,614.29
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] >	21,346.42	184,160.09
20. Total Federal Receipts..... [subtract line 18 from line 19] >	21,346.42	184,160.09
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	999.79
c. Total Operating Expenditures..... [Add ai, aii, and b] >	0.00	999.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10,500.00	100,500.00
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. Individual/Persons Other Than Political Committees.....	0.00	0.00
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	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements..... [Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29] >	10,500.00	101,499.79
31. Total Federal Disbursements..... [Subtract line 21 aii from line 30] >	10,500.00	101,499.79
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d).....	20,616.50	177,545.80
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	20,616.50	177,545.80
35. Total Federal Operating Expenditures..... [add 21 ai and 21 b] >	0.00	999.79
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... [subtract line 36 from 35] >	0.00	999.79

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER	
11 a 1	

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

NAME OF COMMITTEE (in full)
Pediatric Political Action Committee

A. Full Name, Mailing Address and Zip Code Nathan Mark Stone DPM 10798 Belleville Rd. Belleville, MI 48111-1308	Name of Employer Family Footcare of Belleville	Date (Month day, Year) 06/01/97	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
B. Full Name, Mailing Address and Zip Code Richard L. Kuhn DPM Medical Park #17 Valley, AL 36854	Name of Employer Self employed	Date (Month day, Year) 06/02/97	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
C. Full Name, Mailing Address and Zip Code James Lucarelli DPM 88 Fauce Corner Rd., #240 North Dartmouth, MA 02747	Name of Employer Self-Employed	Date (Month day, Year) 06/02/97	Amount of Each Receipt this Period 225.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
D. Full Name, Mailing Address and Zip Code Gerald R. Travers DPM 1612 E. Pikes Peak Ave. Colorado Springs, CO 80909-5619	Name of Employer Pikes Peak Foot & Ankle Centers, P.C.	Date (Month day, Year) 06/03/97	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		
E. Full Name, Mailing Address and Zip Code John W. Benus DPM 4311 Chicot St. Pascagoula, MS 39581	Name of Employer Self employed	Date (Month day, Year) 06/09/97	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		
F. Full Name, Mailing Address and Zip Code Gregory J. Mowen DPM Margate Foot Care Ctr. 18A S. Douglas Ave. Margate City, NJ 08402	Name of Employer Margate Foot Care Center	Date (Month day, Year) 06/09/97	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 > \$ 275.00		
G. Full Name, Mailing Address and Zip Code John T. Saeva DPM 1814 Mission 66 Vicksburg, MS 39180-4802	Name of Employer Self employed	Date (Month day, Year) 06/09/97	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		

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

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 Gary J. Mellon DPM 423 W. Wheatland Rd. #102 Duncanville, TX 75116-4619	Name of Employer Affiliated Foot Center of Duncanville	Date (Month day, Year) 06/09/97	Amount of Each Receipt this Period 75.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Michael L. Perez DPM 3695 N. High St. Columbus, OH 43214-3520	Name of Employer Clintonville Foot & Ankle Group, Inc.	Date (Month day, Year) 06/09/97	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Alan J. Eagle DPM 3600 Prytania St. #18 New Orleans, LA 70115-3628	Name of Employer Self employed	Date (Month day, Year) 06/11/97	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Gary J. Mellon DPM 423 W. Wheatland Rd. #102 Duncanville, TX 75116-4619	Name of Employer Affiliated Foot Center of Duncanville	Date (Month day, Year) 06/12/97	Amount of Each Receipt this Period 75.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Phillip R. White DPM 13310 Euclid St. Garden Grove, CA 92643-2514	Name of Employer Self employed	Date (Month day, Year) 06/13/97	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code William B. Crawford DPM 812 N.E. 25th Ave. #A Ocala, FL 34470-6335	Name of Employer Self employed	Date (Month day, Year) 06/13/97	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code Gregory C. Spain DPM 235 Humphrey Rd. Two Pineview Pl. #4 Greensburg, PA 15601-4579	Name of Employer Self employed	Date (Month day, Year) 06/13/97	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....> **1,550.00**

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
PCPM-APMSA 8th at Race Sts. Philadelphia, PA 19107	Self-Employed	06/16/97	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	
		420.00	
B. Full Name, Mailing Address and Zip Code M. Thomas Robertson DPM 2444 N.E. Division St. Gresham, OR 97030-6020	Self employed	06/16/97	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 Denis J. Lamontagne DPM 17 Passumpsic St. St. Johnsbury, VT 05819-1211	Self employed	06/17/97	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	
		300.00	
D. Full Name, Mailing Address and Zip Code Edmond L. Freed DPM Graduate Hospital Med. Bldg. 520 S. 19th St. #2 N. Philadelphia, PA 19146-1449	Graduate Podiatry Associates	06/19/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	
		300.00	
E. Full Name, Mailing Address and Zip Code Stephen Arbes DPM 1779 Main St. Green Bay, WI 54302-3250	Self employed	06/20/97	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 Christopher Pan Sperandio DPM 7406 Brook Rd. Richmond, VA 23227	Self employed	06/24/97	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	
		300.00	
G. Full Name, Mailing Address and Zip Code Darrin Lowe DPM 3811 Bissell Ave. Richmond, CA 94805-2256	West County Family Foot Center	06/25/97	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	

SUB TOTAL of Receipts This Page (Optional)..... > **1,450.00**

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 Kevin E. Whitton DPM 105 Redmond Rd. Rome, GA 30165-1535 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Self employed Occupation Podiatrist	Date (Month day, Year) 06/26/97	Amount of Each Receipt this Period 100.00
Aggregate Year-to-date > \$ 300.00			
B. Full Name, Mailing Address and Zip Code Richard S. Cutler DPM 192 W. Main St. Avon, CT 06001-3682 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Self employed Occupation Podiatrist	Date (Month day, Year) 06/27/97	Amount of Each Receipt this Period 250.00
Aggregate Year-to-date > \$ 250.00			
C. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Aggregate Year-to-date > \$			
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Aggregate Year-to-date > \$			
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Aggregate Year-to-date > \$			
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Aggregate Year-to-date > \$			
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Aggregate Year-to-date > \$			

SUB TOTAL of Receipts This Page (Optional).....>	350.00
TOTAL this Period (Last page this line number only).....>	5,025.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Brokerage Firm Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006	Brokerage Firm	06/30/97	729.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	
		4,739.29	
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).....>			729.92
TOTAL this Period (Last page this line number only).....>			729.92

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER
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NAME OF COMMITTEE (in Full)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Missourians for Kit Bond 911 Main St. Kansas City, MO 64105	Christopher S. Bond, U.S. SENATE MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/27/97	1,000.00
B. Full Name, Mailing Address and Zip Code Friends of Barbara Boxer P.O. Box 641751 Los Angeles, CA 90064	Purpose of Disbursement Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/30/97	-1,000.00
C. Full Name, Mailing Address and Zip Code Friends of Barbara Boxer P.O. Box 641751 Los Angeles, CA 90064	Purpose of Disbursement Barbara Boxer, U.S. SENATE CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/30/97	1,000.00
D. Full Name, Mailing Address and Zip Code Ben Cardin for Congress 20 S. Charles St. 10th Floor Baltimore, MD 21201	Purpose of Disbursement Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	500.00
E. Full Name, Mailing Address and Zip Code Christensen for Congress 8630 Cass Street Omaha, NE 68114	Purpose of Disbursement Jon Christensen, U.S. HOUSE 2nd NE Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	500.00
F. Full Name, Mailing Address and Zip Code Cooksey for Congress P.O. Box 7600 Monroe, LA 71211	Purpose of Disbursement John Cooksey, U.S. HOUSE 5th LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/27/97	500.00
G. Full Name, Mailing Address and Zip Code Deal for Congress P.O. Box 902 Gainesville, GA 30503	Purpose of Disbursement Nathan Deal, U.S. HOUSE 9th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	500.00
H. Full Name, Mailing Address and Zip Code Diana DeGette for Congress P.O. Box 61337 Denver, CO 80206	Purpose of Disbursement Diana DeGette, U.S. HOUSE 1st CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/03/97	500.00
I. Full Name, Mailing Address and Zip Code Friends of Rosa DeLauro 49 Huntington St. New Haven, CT 06511	Purpose of Disbursement Rosa DeLauro, U.S. HOUSE 3rd CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/03/97	500.00
SUB TOTAL of Disbursements this page (Optional).....>			4,000.00
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 2 OF 3

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)
Pediatric Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Duncan for Congress P.O. Box 2646 Knoxville, TN 37901	John J. "Jimmy" Duncan, U.S. HOUSE 2nd TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/03/97	500.00
Maurice D. Hinchey 24 Manor Lane Saugerties, NY 12477	Maurice D. Hinchey, U.S. HOUSE 26th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/03/97	500.00
John Lewis for Congress 1520 Plinehurst Drive, SW Atlanta, GA 30311	John Lewis, U.S. HOUSE 5th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/13/97	500.00
Nita Lowey For Congress 1185 Avenue of the Americas New York, NY 10036	Nita M. Lowey, U.S. HOUSE 18th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/13/97	500.00
Mascara For Congress 831 Lincoln Avenue Charlerot, PA 15022	Frank R. Mascara, U.S. HOUSE 20th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/13/97	500.00
Carol Moseley Braun for U.S. Senate 819 E. Wabash Ave, Ste 505 Chicago, IL 60605	Carol Moseley-Braun, U.S. SENATE IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/27/97	1,000.00
Committee For Loretta Sanchez 1209 N SPURGEON STREET SANTA ANA, CA 92701	Loretta Sanchez, U.S. HOUSE 46th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	500.00
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) 1998	06/13/97	500.00
Citizens for Arlen Specter 1998 111 S. 15th St. 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) 1998	06/13/97	1,500.00

SUB TOTAL of Disbursements this page (Optional)..... >	6,000.00
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
3	3
FOR LINE NUMBER	
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NAME OF COMMITTEE (in Full)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Louis Stokes for Congress Committee P.O. Box 99358 Cleveland, OH 44199	Louis Stokes, U.S. HOUSE 11th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/03/97	500.00
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).....>	500.00
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AMU

PREPARER

7-11-97

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