

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

APR 15 12 23 PM '97

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	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)	
CITY, STATE and ZIP CODE Bethesda, MD 20814-1698		

## 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>03/01/97</u> through <u>03/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 99,361.41
(b) Cash on Hand at Beginning of Reporting Period	\$ 158,892.07	
(c) Total Receipts (from line 19)	\$ 44,731.55	\$ 122,180.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 203,623.62	\$ 221,541.60
7. Total Disbursements (from Line 30)	\$ 23,081.81	\$ 40,999.79
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 180,541.81	\$ 180,541.81
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 P 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

Signature of Treasurer: *John R. Carson*      Date: 4-14-97

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

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE <b>Pediatry Political Action Committee</b>	REPORT COVERING PERIOD	
	FROM: <b>03/01/97</b>	TO: <b>03/31/97</b>
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	17,365.00	46,890.00
ii. Unitemized.....	24,708.00	72,122.80
iii. Total..... (add i and ii) >	42,073.00	119,012.80
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions..... (add aii, b and c) >	42,073.00	119,012.80
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.).....	2,658.55	3,167.39
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) >	44,731.55	122,180.19
20. Total Federal Receipts..... (subtract line 18 from line 19) >	44,731.55	122,180.19
<b>II. Disbursements</b>		
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.....	81.81	999.79
c. Total Operating Expenditures..... (Add a, ii, and b) >	81.81	999.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23,000.00	40,000.00
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.....	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) >	23,081.81	40,999.79
31. Total Federal Disbursements..... (Subtract line 21 aii from line 30) >	23,081.81	40,999.79
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans) (from line 11d).....	42,073.00	119,012.80
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	42,073.00	119,012.80
35. Total Federal Operating Expenditures..... (add 21 ai and 21 b) >	81.81	999.79
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	81.81	999.79

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

<b>A. Full Name, Mailing Address and Zip Code</b> Gary Schurman DPM 21380 Greenfield Rd. Oak Park, MI 48237-3030	Name of Employer <b>Self Employed</b>	Date (Month day, Year) 03/03/97	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation Podiatrist	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>B. Full Name, Mailing Address and Zip Code</b> Francine Schiraldi-Deck DPM 520 West Ave. S. #201-205 Norwalk, CT 06850	Name of Employer <b>Center for Family Foot Health</b>	Date (Month day, Year) 03/03/97	Amount of Each Receipt this Period  <b>365.00</b>
	Occupation Podiatrist	Aggregate Year-to-date > \$ <b>365.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>C. Full Name, Mailing Address and Zip Code</b> Angelo Sotera, Jr. DPM 1098 W. Baltimore Pike #3305 Media, PA 19063-5136	Name of Employer <b>RMH Outpatient Pavilion</b>	Date (Month day, Year) 03/03/97	Amount of Each Receipt this Period  <b>300.00</b>
	Occupation Podiatrist	Aggregate Year-to-date > \$ <b>300.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>D. Full Name, Mailing Address and Zip Code</b> Anthony DeLuro DPM 21420 Harper Ave. St. Clair Shores, MI 48080-3607	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) 03/03/97	Amount of Each Receipt this Period  <b>300.00</b>
	Occupation Podiatrist	Aggregate Year-to-date > \$ <b>300.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>E. Full Name, Mailing Address and Zip Code</b> Scott Hamilton DPM 919 Medical Park Plaza 52nd Pkwy. Myrtle Beach, SC 29572	Name of Employer <b>Self Employed</b>	Date (Month day, Year) 03/03/97	Amount of Each Receipt this Period  <b>300.00</b>
	Occupation Podiatrist	Aggregate Year-to-date > \$ <b>300.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>F. Full Name, Mailing Address and Zip Code</b> H. Darrell Darby DPM 1320 7th Ave. Huntington, WV 25701	Name of Employer <b>Huntington Podiatry Associates</b>	Date (Month day, Year) 03/04/97	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation Podiatrist	Aggregate Year-to-date > \$ <b>500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>G. Full Name, Mailing Address and Zip Code</b> Theresa Conroy DPM 531 E. Gates St. Philadelphia, PA 19128-2510	Name of Employer <b>Self Employed</b>	Date (Month day, Year) 03/06/97	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation Podiatrist	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	<b>2,015.00</b>
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 9  
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 <b>Craig Sherwood DPM</b> 2908 Division St. St. Joseph, MI 49085-2437</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>03/06/97</b></p>	<p>Amount of Each Receipt this Period <b>300.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>		
<p>B. Full Name, Mailing Address and Zip Code <b>Timothy Ford DPM</b> 1112 Dupont Cir. #102 Louisville, KY 40207-4804</p>	<p>Name of Employer <b>Podiatric Associates</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>03/06/97</b></p>	<p>Amount of Each Receipt this Period <b>300.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>		
<p>C. Full Name, Mailing Address and Zip Code <b>Edward Cosentino DPM</b> 603 N. State St. Girard, OH 44420-1748</p>	<p>Name of Employer <b>Self Employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>03/07/97</b></p>	<p>Amount of Each Receipt this Period <b>225.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>225.00</b></p>		
<p>D. Full Name, Mailing Address and Zip Code <b>John Calcestra DPM</b> 539 Brookwood Blvd. Birmingham, AL 35209-6801</p>	<p>Name of Employer <b>Self Employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>03/10/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>E. Full Name, Mailing Address and Zip Code <b>Alan Mauser DPM</b> 2525 Bardstown Rd. Louisville, KY 40205-2665</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>03/10/97</b></p>	<p>Amount of Each Receipt this Period <b>300.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>		
<p>F. Full Name, Mailing Address and Zip Code <b>Paul Somers, Jr. DPM</b> 311 White Bridge Rd. Nashville, TN 37209-3237</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>03/10/97</b></p>	<p>Amount of Each Receipt this Period <b>300.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>		
<p>G. Full Name, Mailing Address and Zip Code <b>William Schlorff DPM</b> 460 Market St. #404 Williamsport, PA 17701-6321</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>03/10/97</b></p>	<p>Amount of Each Receipt this Period <b>300.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>		

SUB TOTAL of Receipts This Page (Optional)..... > **1,975.00**

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
<b>Michael Della Corte DPM</b> 59-01 69th St. Maspeth, NY 11378	<b>Self-Employed</b>	<b>03/11/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>300.00</b>	
<b>Tod Reed DPM</b> 3111 W. Jackson St. Muncie, IN 47304	<b>Self-Employed</b>	<b>03/12/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
<b>Edward Smith, Jr. DPM</b> 148 Park St. Springfield, VT 05156-3034	<b>Self Employed</b>	<b>03/13/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
<b>Steven Buchbinder DPM</b> 46 W. Avon Rd. #201 Avon, CT 06001-3679	<b>Self-Employed</b>	<b>03/14/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
<b>John Lindholm DPM</b> 6713 Odawa Rd. Madison, WI 53719-1052	<b>Self Employed</b>	<b>03/14/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
<b>David Haley DPM</b> 1601 Milltown Rd. #24 Wilmington, DE 19808-4047	<b>Foot Care Group, P.A.</b>	<b>03/17/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
<b>Richard Moorehead DPM</b> 1061 Main St. Wheeling, WV 26003-2701	<b>Wheeling Foot Clinic</b>	<b>03/17/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>300.00</b>	

SUB TOTAL of Receipts This Page (Optional).....> **1,850.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF 9  
FOR LINE NUMBER 11 a 1

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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
Sheila Hume DPM Laurel Medical Arts Pavilion 7350 Van Dusen Rd. Laurel, MD 20707	Self-Employed	03/17/97	225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
William Dabdoub DPM 9830 Lake Forest Blvd. #107 New Orleans, LA 70127-2647	Self Employed	03/18/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$ 500.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Patricia Moore DPM 52303 Emmons Rd. #30 South Bend, IN 46637-4288	Self Employed	03/18/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$ 500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
W. Davis DPM P.O. Box 22429 Knoxville, TN 37933-0429	The Foot Group	03/18/97	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	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Garry Neltner DPM 3215 Dixie Hwy. Erlanger, KY 41018-1853	Self Employed	03/18/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$ 500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Kile Kinney DPM 1515 Laney Walker Blvd. Augusta, GA 30904-5827	Medical Center Podiatry Group, P.C.	03/18/97	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	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Christian Robertozzi DPM 179 High St. Newton, NJ 07860-1097	Self-Employed	03/18/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$ 500.00	

SUB TOTAL of Receipts This Page (Optional) > 2,725.00

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	PAGE	OF
	5	9
FOR LINE NUMBER		
11 a i		

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NAME OF COMMITTEE (In full)  
**Podiatry Political Action Committee**

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Barry Saffran DPM</b> <b>9671A Main St.</b> <b>Fairfax, VA 22031</b>	Name of Employer <b>Foot Health Center of Northern Virginia</b>	Date (Month day, Year) <b>03/18/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Andrew Wahl DPM</b> <b>1960 Essington Rd. #103</b> <b>Joliet, IL 60435-1628</b>	Name of Employer <b>Essington Podiatry Group</b>	Date (Month day, Year) <b>03/18/97</b>	Amount of Each Receipt this Period  <b>300.00</b>
	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>300.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Karl Briesenberg DPM</b> <b>4048 Laurel St. #201</b> <b>Anchorage, AK 99508-5390</b>	Name of Employer <b>Alaska Podiatry Associates</b>	Date (Month day, Year) <b>03/18/97</b>	Amount of Each Receipt this Period  <b>500.00</b>
	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Harold Huff DPM</b> <b>777 N. Fifth Ave.</b> <b>Squim, WA 98382-3002</b>	Name of Employer <b>Peninsula Foot &amp; Ankle Clinic</b>	Date (Month day, Year) <b>03/20/97</b>	Amount of Each Receipt this Period  <b>25.00</b>
	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>225.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Rick Martin DPM</b> <b>2003 E. Market St.</b> <b>York, PA 17402-2841</b>	Name of Employer <b>Martin Foot &amp; Ankle Center</b>	Date (Month day, Year) <b>03/20/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Kenneth Scogplehl DPM</b> <b>2366 Nicholasville Rd. #503</b> <b>Lexington, KY 40503-3063</b>	Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>03/20/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Harold Sterling, Jr. DPM</b> <b>1500 W. Saginaw St.</b> <b>Lansing, MI 48915-1353</b>	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>03/21/97</b>	Amount of Each Receipt this Period  <b>500.00</b>
	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	<b>2,075.00</b>
TOTAL this Period (Last page this line number only).....>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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 <b>Gary Wilson DPM</b> 1000 E. Dimond Blvd. #201 Anchorage, AK 99515-2029	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>03/21/97</b>	Amount of Each Receipt this Period <b>300.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
B. Full Name, Mailing Address and Zip Code <b>Herbert Kosmahl DPM</b> 795 Red Bud Rd. N.E. Calhoun, GA 30701-1966	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>03/21/97</b>	Amount of Each Receipt this Period <b>250.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
C. Full Name, Mailing Address and Zip Code <b>Robert Floros DPM</b> Pepper Pavilion #802 1800 Lombard St. Philadelphia, PA 19146	Name of Employer <b>Graduate Hospital</b>	Date (Month day, Year) <b>03/24/97</b>	Amount of Each Receipt this Period <b>250.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>325.00</b>		
D. Full Name, Mailing Address and Zip Code <b>Marc Brenner DPM</b> 1899 Rockaway Pkwy. Brooklyn, NY 11236-5307	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>03/24/97</b>	Amount of Each Receipt this Period <b>300.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
E. Full Name, Mailing Address and Zip Code <b>Daniel Hagan DPM</b> 3701 Henderson Dr. Jacksonville, NC 28546-5237	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>03/24/97</b>	Amount of Each Receipt this Period <b>300.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
F. Full Name, Mailing Address and Zip Code <b>Lenny Ramirez DPM</b> 540 37th St. Union City, NJ 07087	Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>03/24/97</b>	Amount of Each Receipt this Period <b>300.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
G. Full Name, Mailing Address and Zip Code <b>Alan Balkansky DPM</b> 7201 W. Burleigh St. Milwaukee, WI 53210-1120	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>03/24/97</b>	Amount of Each Receipt this Period <b>300.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		

SUB TOTAL of Receipts This Page (Optional).....> **2,000.00**

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
<b>Lynn LeBlanc DPM</b> 47 Jolley Dr. Bloomfield, CT 06002-3092	<b>Self-Employed</b>	03/24/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$	250.00
<b>Thomas Jacobs DPM</b> 700 Ctr. St. #506 Columbus, GA 31901-1545	<b>Self Employed</b>	03/24/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$	500.00
<b>Bruce McLaughlin DPM</b> 1145 Montauk Hwy. West Islip, NY 11795-4909	<b>Self Employed</b>	03/24/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$	500.00
<b>Vincent Mellso DPM</b> 635 Lorimer St. Brooklyn, NY 11211-2205	<b>Self-Employed</b>	03/24/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$	300.00
<b>Kelth Kalish DPM</b> 4909 S. U.S. 1 Fort Pierce, FL 34982	<b>Self Employed</b>	03/25/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$	250.00
<b>Randall Torre DPM</b> 900 Kiely Blvd. Bldg. D Santa Clara, CA 95051-5329	<b>Self Employed</b>	03/25/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$	500.00
<b>Glenn Gold, Jr. DPM</b> 425 Medical Dr. #209 Bountiful, UT 84010-4953	<b>Self Employed</b>	03/26/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$	500.00

SUB TOTAL of Receipts This Page (Optional.....)	2,600.00
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 8 OF 9  
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

<p>A. Full Name, Mailing Address and Zip Code <b>David Wuerzter DPM</b> 1550 E. Main St. Dothan, AL 36301-3012</p>	<p>Name of Employer <b>Southeast Alabama Foot Clinic</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>03/26/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	
<p>B. Full Name, Mailing Address and Zip Code <b>Richard DePalma DPM</b> 1820 Corlies Ave. #9 Neptune, NJ 07753-4860</p>	<p>Name of Employer <b>Self Employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>03/27/97</b></p>	<p>Amount of Each Receipt this Period <b>225.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>	
<p>C. Full Name, Mailing Address and Zip Code <b>Michael Droulette DPM</b> 1145 19th St. N.W. #203 Washington, DC 20036-3701</p>	<p>Name of Employer <b>Self Employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>03/31/97</b></p>	<p>Amount of Each Receipt this Period <b>75.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date &gt; \$ <b>225.00</b></p>	
<p>D. Full Name, Mailing Address and Zip Code <b>L. Connelley, Jr. DPM</b> 10020 W. Markham St. Little Rock, AR 72205-2130</p>	<p>Name of Employer <b>Self Employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>03/31/97</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>	
<p>E. Full Name, Mailing Address and Zip Code <b>Richard Bronfman DPM</b> 1417 W. Sixth St. Little Rock, AR 72201-2901</p>	<p>Name of Employer <b>Arkansas Foot Clinic</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>03/31/97</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>	
<p>F. Full Name, Mailing Address and Zip Code <b>Calvin Britton DPM</b> 301 St. Louis #3D Hot Springs, AR 71913-4457</p>	<p>Name of Employer <b>Hot Springs Foot Clinic</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>03/31/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	
<p>G. Full Name, Mailing Address and Zip Code <b>Kathryn Riffe DPM</b> 152 Davy Crockett Mall Trenton, TN 38382-2934</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>03/31/97</b></p>	<p>Amount of Each Receipt this Period <b>75.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date &gt; \$ <b>225.00</b></p>	

SUB TOTAL of Receipts This Page (Optional) ..... > **1,875.00**

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 <b>Kim Halladay DPM</b> 300 S. Main St. Touele, UT 84074-2746	Name of Employer <b>Tooele Foot Clinic</b>	Date (Month day, Year) <b>03/31/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	<b>250.00</b>
TOTAL this Period (Last page this line number only).....>	<b>17,365.00</b>

**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 <b>Brokerage Firm Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006</b>	Name of Employer <b>Brokerage Firm</b>	Date (Month day, Year) <b>03/31/97</b>	Amount of Each Receipt this Period <b>783.55</b>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>1,292.39</b>		
B. Full Name, Mailing Address and Zip Code <b>Smith-Barney 280 Trumbull Street Hartford, CT 06103</b>	Name of Employer	Date (Month day, Year) <b>03/31/97</b>	Amount of Each Receipt this Period <b>1,875.00</b>
	Occupation <b>Investment Firm</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>1,875.00</b>		
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).....>	<b>2,658.55</b>
TOTAL this Period (Last page this line number only).....>	<b>2,658.55</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)  
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code Advest, Inc. 23 Waterville Rd. Avon, CT 06001-2006	Purpose of Disbursement <b>Interest expense</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 03/31/97	Amount of Each Disb. this Period 81.81
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).....> 81.81

TOTAL this Period (Last page this line number only).....> 81.81

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Dave Camp for Congress '96 Suite 100 5915 Eastman Avenue 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) 1998	03/27/97	500.00
B. Full Name, Mailing Address and Zip Code Cooksey for Congress P.O. Box 7600 Monroe, LA 71211	John Cooksey, U.S. HOUSE 5th LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/27/97	1,000.00
C. Full Name, Mailing Address and Zip Code Crane for Congress Committee P.O. Box 8534 Rolling Meadows, IL 60008	Philip M. Crane, U.S. HOUSE 8th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/27/97	1,000.00
D. Full Name, Mailing Address and Zip Code A Lot of People Supporting Tom Daschle P.O. Box 1656 Sioux Falls, SD 57101	Tom Daschle, U.S. SENATE SD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/07/97	2,500.00
E. Full Name, Mailing Address and Zip Code Deal for Congress P.O. Box 902 Gainesville, GA 30503	Nathan Deal, U.S. HOUSE 9th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/27/97	500.00
F. Full Name, Mailing Address and Zip Code Peter Deutsch for Congress P.O. Box 26678 Tamarac, FL 33320	Peter Deutsch, U.S. HOUSE 20th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/27/97	500.00
G. Full Name, Mailing Address and Zip Code Furse for Congress 233 SE Second Ave. Hillsboro, OR 97123	Elizabeth Furse, U.S. HOUSE 1st OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/04/97	1,000.00
H. Full Name, Mailing Address and Zip Code People for Ganske 5907 Grand Ave. Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/04/97	1,500.00
I. Full Name, Mailing Address and Zip Code Gephardt in Congress Committee 7435 Watson Rd. St. Louis, MO 63119	Richard A. Gephardt, U.S. HOUSE 3rd MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/27/97	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> 9,500.00

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	3
FOR LINE NUMBER	
23	

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NAME OF COMMITTEE (in Full)  
**Fediatric Political Action Committee**

<p>A. Full Name, Mailing Address and Zip Code  <b>The Judd Gregg Committee</b>                  P.O. Box 754                  Concord, NH 03302</p>	<p>Purpose of Disbursement  <b>Judd Gregg, U.S. SENATE NH</b></p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year)  <b>03/27/97</b></p>	<p>Amount of Each Disb. this Period  <b>1,000.00</b></p>
<p>B. Full Name, Mailing Address and Zip Code  <b>Hall For Congress Committee</b>                  P.O. Box 711                  Rockwall, TX 75087</p>	<p>Purpose of Disbursement  <b>Ralph M. Hall, U.S. HOUSE 4th TX</b></p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year)  <b>03/27/97</b></p>	<p>Amount of Each Disb. this Period  <b>1,000.00</b></p>
<p>C. Full Name, Mailing Address and Zip Code  <b>Hinojosa for Congress</b>                  311 North 15th Street                  McAllen, TX 78501</p>	<p>Purpose of Disbursement  <b>Ruben Hinojosa, U.S. HOUSE 15th TX</b></p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year)  <b>03/20/97</b></p>	<p>Amount of Each Disb. this Period  <b>500.00</b></p>
<p>D. Full Name, Mailing Address and Zip Code  <b>Hobson For Congress Committee</b>                  333 North Limestone St.                  Springfield, OH 45503</p>	<p>Purpose of Disbursement  <b>David L. Hobson, U.S. HOUSE 7th OH</b></p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year)  <b>03/07/97</b></p>	<p>Amount of Each Disb. this Period  <b>500.00</b></p>
<p>E. Full Name, Mailing Address and Zip Code  <b>Re-Elect Nancy Johnson to Congress</b>                  P.O. Box 1968                  New Britain, CT 06050</p>	<p>Purpose of Disbursement  <b>Nancy L. Johnson, U.S. HOUSE 6th CT</b></p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year)  <b>03/04/97</b></p>	<p>Amount of Each Disb. this Period  <b>1,000.00</b></p>
<p>F. Full Name, Mailing Address and Zip Code  <b>E. Bernice Johnson for Congress</b>                  2515 McKinney Ave.                  Suite 810                  Dallas, TX 75201</p>	<p>Purpose of Disbursement  <b>Eddie Bernice Johnson, U.S. HOUSE 30th TX</b></p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year)  <b>03/04/97</b></p>	<p>Amount of Each Disb. this Period  <b>1,000.00</b></p>
<p>G. Full Name, Mailing Address and Zip Code  <b>Citizens for Ron Klink</b>                  #214                  141 Renfer Street                  Pittsburgh, PA</p>	<p>Purpose of Disbursement  <b>Ron Klink, U.S. HOUSE 4th PA</b></p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year)  <b>03/07/97</b></p>	<p>Amount of Each Disb. this Period  <b>500.00</b></p>
<p>H. Full Name, Mailing Address and Zip Code  <b>Lazio For Congress</b>                  70 Bayway Avenue                  Brightwaters, NY 11718</p>	<p>Purpose of Disbursement  <b>Rick A. Lazio, U.S. HOUSE 2nd NY</b></p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year)  <b>03/20/97</b></p>	<p>Amount of Each Disb. this Period  <b>500.00</b></p>
<p>I. Full Name, Mailing Address and Zip Code  <b>Murkowski '98</b>                  P.O. Box 240468                  Anchorage, AK 99524</p>	<p>Purpose of Disbursement  <b>Frank H. Murkowski, U.S. SENATE AK</b></p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year)  <b>03/07/97</b></p>	<p>Amount of Each Disb. this Period  <b>1,000.00</b></p>

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
People for Patty Murray Box 3662 Seattle, WA 98124	Patty Murray, U.S. SENATE WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/07/97	1,000.00
B. Full Name, Mailing Address and Zip Code Neumann for Congress Committee 4450 Milton Ave. Ste 104 Janesville, WI 53546	Mark W. Neumann, U.S. HOUSE 1st WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/07/97	500.00
C. Full Name, Mailing Address and Zip Code Pallone for Congress 540 Broadway Long Branch, NJ 07410	Frank Pallone, U.S. HOUSE 6th NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/04/97	500.00
D. Full Name, Mailing Address and Zip Code Ciro D. Rodriguez for Congress 363 W. Harding San Antonio, TX 78221	Ciro D. Rodriguez, U.S. HOUSE 28th TX Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) Texas Special Election	03/07/97	1,000.00
E. Full Name, Mailing Address and Zip Code Rogan for Congress P.O. Box 36 Montrose, CA 91021	James E. Rogan, U.S. HOUSE 27th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/27/97	500.00
F. Full Name, Mailing Address and Zip Code Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Bill Thomas, U.S. HOUSE 21st CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/04/97	1,500.00
G. Full Name, Mailing Address and Zip Code Thurman for Congress P.O. Box 5058 Inverness, FL 34450	Karen L. Thurman, U.S. HOUSE 5th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/04/97	500.00
H. Full Name, Mailing Address and Zip Code Watts For Congress P.O. Box 720361 Norman, OK 73072	J.C. Watts, U.S. HOUSE 4th OK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/07/97	500.00
I. Full Name, Mailing Address and Zip Code Gerald C "Jerry" Weller For Congress P.O. Box 687 Morris, IL 60450	Gerald C. "Jerry" Weller, U.S. HOUSE 11th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/07/97	500.00

SUB TOTAL of Disbursements this page (Optional).....>	6,500.00
TOTAL this Period (Last page this line number only).....>	23,000.00



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.

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Records

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PREPARER

4-17-97  
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