

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION

JUN 11 11 48 AM '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		
CITY, STATE and ZIP CODE  Beltsville, MD 20814-1696		
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>05/01/97</u> through <u>05/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 99,361.41
(b) Cash on Hand at Beginning of Reporting Period	\$ 175,440.63	
(c) Total Receipts (from line 19)	\$ 18,234.66	\$ 162,913.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 193,675.29	\$ 262,175.08
7. Total Disbursements (from Line 30)	\$ 22,500.00	\$ 90,999.79
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 171,175.29	\$ 171,175.29
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 800-424-9330 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 <b>John R. Carson</b>		Date
Signature of Treasurer <i>John R. Carson</i>		6/19/97

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 (7/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Podiatry Political Action Committee	FROM: 05/01/97	TO: 05/31/97
	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).....	6,215.00	58,855.00
ii. Unitemized.....	10,806.00	98,074.30
iii. Total.....[add i and ii]>	17,021.00	156,929.30
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....[add iii, b and c]>	17,021.00	156,929.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1,213.66	5,884.37
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]>	18,234.66	162,813.67
20. Total Federal Receipts.....[subtract line 18 from line 19]>	18,234.66	162,813.67
<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.....	0.00	999.79
c. Total Operating Expenditures.....[Add ii, iii, 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.....	22,500.00	90,000.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441b(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]>	22,500.00	90,999.79
31. Total Federal Disbursements.....[Subtract line 21 aii from line 30]>	22,500.00	90,999.79
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans)(from line 11d).....	17,021.00	156,929.30
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)[subtract line 33 from 32].....	17,021.00	156,929.30
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

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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>Joseph Perillo DPM</b> 650 Pre-Exemption Rd. Geneva, NY 14456-1334	<b>Self-Employed</b>  Occupation <b>Podiatrist</b>	<b>05/01/97</b>	<b>75.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>225.00</b>		
<b>Donald Skwor DPM</b> 920 Estate Rd. #1 Memphis, TN 38119-3608	<b>Self Employed</b>  Occupation <b>Podiatrist</b>	<b>05/05/97</b>	<b>250.00</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>Andrew Schink DPM</b> 1680 Chambers St. #201 Eugene, OR 97402-3655	<b>Self Employed</b>  Occupation <b>Podiatrist</b>	<b>05/06/97</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>500.00</b>		
<b>David Sheldon DPM</b> 346 E. Front St. Traverse City, MI 49684-2553	<b>Self-Employed</b>  Occupation <b>Podiatrist</b>	<b>05/07/97</b>	<b>300.00</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>Wayne Marchand DPM</b> 48 Auburn St. Auburn, MA 01501-2438	<b>Drury Square Medical Center</b>  Occupation <b>Podiatrist</b>	<b>05/09/97</b>	<b>300.00</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>Ronald Nagy DPM</b> 555 N. Gilbert Rd. #102 Mesa, AZ 85203-7506	<b>Self-Employed</b>  Occupation <b>Podiatrist</b>	<b>05/09/97</b>	<b>225.00</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>Michael Downey DPM</b> Dept. of Surgery Eighth at Race St. Philadelphia, PA 19107	<b>Pennsylvania College of Pod. Medicine</b>  Occupation <b>Podiatrist</b>	<b>05/09/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		

SUB TOTAL of Receipts This Page (Optional).....> **1,900.00**

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**

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Todd Rotwein DPM</b> <b>131 Fulton Ave.</b> <b>Hempstead, NY 11550-3701</b>	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>05/12/97</b>	Amount of Each Receipt this Period  <b>150.00</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>B. Full Name, Mailing Address and Zip Code</b> <b>Carol Akerman DPM</b> <b>603 Highway 321 N. #8</b> <b>Lenoir City, TN 37771-6575</b>	Name of Employer <b>Lenoir City Foot Clinic</b>	Date (Month day, Year) <b>05/12/97</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>C. Full Name, Mailing Address and Zip Code</b> <b>Kathryn Riffe DPM</b> <b>152 Davy Crockett Mall</b> <b>Trenton, TN 38382-2934</b>	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>05/12/97</b>	Amount of Each Receipt this Period  <b>75.00</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>D. Full Name, Mailing Address and Zip Code</b> <b>Ronald Hetman DPM</b> <b>7301 Far Hills Ave.</b> <b>Centerville, OH 45459-4415</b>	Name of Employer <b>Centerville Podiatry Associates, Inc.</b>	Date (Month day, Year) <b>05/12/97</b>	Amount of Each Receipt this Period  <b>75.00</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>Robert Flerman DPM</b> <b>312 E. Market</b> <b>Washington Ct. House, OH 43160-1481</b>	Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>05/12/97</b>	Amount of Each Receipt this Period  <b>150.00</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>F. Full Name, Mailing Address and Zip Code</b> <b>Barry Wolff DPM</b> <b>777 Blackwood Clementon Rd.</b> <b>Lindenwold, NJ 08021-5966</b>	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>05/12/97</b>	Amount of Each Receipt this Period  <b>100.00</b>
	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>400.00</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>Joel Wilner DPM</b> <b>665 Harkle Rd.</b> <b>Santa Fe, NM 87505-4751</b>	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>05/12/97</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)			

SUB TOTAL of Receipts This Page (Optional).....> **1,050.00**

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>Greg Lantz DPM</b> 1125 W. Fourth St. Waterloo, LA 50702-2840	<b>Self-Employed</b>	<b>05/14/97</b>	<b>150.00</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>Bonnie Tatar DPM</b> 5750 Center Ave. #480 Center Commons Pittsburgh, PA 15206-3761	<b>Self-Employed</b>	<b>05/15/97</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>Keith Turlington DPM</b> 10000 Watson Rd. #2R Crestwood, MO 63126-1854	<b>Self-Employed</b>	<b>05/15/97</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>Mark Majeski DPM</b> 618 Main St. Toms River, NJ 08753-7456	<b>Self-Employed</b>	<b>05/16/97</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>Edward Buro DPM</b> 44-15 43rd Ave. Sunnyside, NY 11104-2303	<b>Self-Employed</b>	<b>05/19/97</b>	<b>75.00</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>225.00</b>
<b>Larry Laurich DPM</b> 601 Layton St. Henderson, TX 75652-5957	<b>Self-Employed</b>	<b>05/19/97</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 Roberson, Jr. DPM</b> 840 Oak Grove Rd. Birmingham, AL 35209-6506	<b>Self Employed</b>	<b>05/21/97</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>

SUB TOTAL of Receipts This Page (Optional).....>	<b>1,625.00</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 OF  
4 5  
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 <b>James Flynn DPM</b> 5100 N. Brookline Ave. #375 Oklahoma City, OK 73112-3609</p>	<p>Name of Employer <b>Self Employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>05/22/97</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>Stanton Cohen DPM</b> 1743 W. 24th St. Yuma, AZ 85364-6206</p>	<p>Name of Employer <b>Self Employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>05/22/97</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>C. Full Name, Mailing Address and Zip Code <b>Phillip Burk DPM</b> 10552 Garverdale Ct. #906 Boise, ID 83704</p>	<p>Name of Employer <b>Foot &amp; Ankle Medical Center</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>05/23/97</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>250.00</b></p>		
<p>D. Full Name, Mailing Address and Zip Code <b>Vincent Giacalone DPM</b> 210 Rt. 4 E. #104 Paramus, NJ 07652</p>	<p>Name of Employer <b>Diabetic Foot Care Center</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>05/27/97</b></p>	<p>Amount of Each Receipt this Period <b>390.00</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>290.00</b></p>		
<p>E. Full Name, Mailing Address and Zip Code <b>Denis Lamontagne DPM</b> 17 Passumpsic St. St. Johnsbury, VT 05819-1211</p>	<p>Name of Employer <b>Self Employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>05/27/97</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>F. Full Name, Mailing Address and Zip Code <b>Christopher Sperandio DPM</b> 7406 Brook Rd. Richmond, VA 23227</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>05/27/97</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>G. Full Name, Mailing Address and Zip Code <b>John Pagliano DPM</b> 701 E. 28th St. #314 Lung Beach, CA 90806-2766</p>	<p>Name of Employer <b>Self Employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>05/27/97</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).....> **1,140.00**

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>Mark Freiser DPM</b> <b>Bronx Foot Care Ctr.</b> <b>421 E. 149th St.</b> <b>Bronx, NY 10455-3904</b>	Name of Employer <b>Bronx Foot Care Center</b>	Date (Month day, Year) <b>05/27/97</b>	Amount of Each Receipt this Period  <b>75.00</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>Michael Droulette DPM</b> <b>1145 19th St. N.W. #203</b> <b>Washington, DC 20036-3701</b>	Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>05/27/97</b>	Amount of Each Receipt this Period  <b>75.00</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>		
C. Full Name, Mailing Address and Zip Code <b>James Kirk DPM</b> <b>845 Church St. N. #102</b> <b>Concord, NC 28025-4300</b>	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>05/27/97</b>	Amount of Each Receipt this Period  <b>150.00</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>		
D. Full Name, Mailing Address and Zip Code <b>Richard Graham DPM</b> <b>12383 Champlin Dr., #19</b> <b>Champlin, MN 55316-1906</b>	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>05/30/97</b>	Amount of Each Receipt this Period  <b>150.00</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>375.00</b>		
E. Full Name, Mailing Address and Zip Code <b>Louis Doy DPM</b> <b>146 Park N. Professional Bldg.</b> <b>4402 Vance Jackson Rd.</b> <b>San Antonio, TX 78230-5333</b>	Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>05/30/97</b>	Amount of Each Receipt this Period  <b>50.00</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	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>500.00</b>
TOTAL this Period (Last page this line number only).....>	<b>6,215.00</b>

**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 of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)  
**Pediatry Political Action Committee**

A. Full Name, Mailing Address and Zip Code <b>Brokerage Firm, Advest Inc.</b> <b>22 Waterville Rd.</b> <b>Avon, CT 06001-2006</b>	Name of Employer <b>Brokerage Firm</b>	Date (Month day, Year) <b>05/30/97</b>	Amount of Each Receipt this Period  <b>1,213.66</b>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>4,009.37</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>1,213.66</b>
TOTAL this Period (Last page this line number only).....>	<b>1,213.66</b>



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Congressman Joe Barton Committee</b> P.O. Box 1444 Ennis, TX 75120	<b>Joe L. Barton, U.S. HOUSE 6th TX</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/08/97	1,000.00
<b>Mike Bilirakis for Congress</b> P.O. Box 1077 Tarpon Springs, FL 34688	<b>Michael Bilirakis, U.S. HOUSE 9th FL</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/22/97	1,000.00
<b>Friends of Barbara Boxer</b> P.O. Box 641751 Los Angeles, CA 90064	<b>Barbara Boxer, U.S. SENATE CA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/08/97	1,000.00
<b>Friends of Sherrod Brown</b> 111 Edgefield Dr. Elyria, OH 44035	<b>Sherrod Brown, U.S. HOUSE 13th OH</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/15/97	2,500.00
<b>Donna Green Campaign '96</b> 1102 Richmond C'Sted St. Croix, VI 00820	<b>Donna M. Christian-Green, U.S. HOUSE DL VI</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/08/97	500.00
<b>Cubin for Congress</b> P.O. Box 4657 Casper, WY 82604	<b>Barbara Cubin, U.S. HOUSE AL WY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/08/97	500.00
<b>Friends of Senator D'Amato</b> SH 520 Washington, DC 20510	<b>Alfonse M. D'Amato, U.S. SENATE NY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/22/97	4,000.00
<b>Anna Eshoo for Congress</b> 555 Capitol Mall Ste 1425 Sacramento, CA 95814	<b>Anna G. Eshoo, U.S. HOUSE 14th CA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/08/97	500.00
<b>Virgil Goode for Congress</b> 125 Orchard Avenue Rocky Mount, VA 24151	<b>Virgil H. Goode, U.S. HOUSE 5th VA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/15/97	500.00

SUB TOTAL of Disbursements this page (Optional).....>	11,500.00
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	

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

NAME OF COMMITTEE (in Full)  
 Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Congressman Bart Gordon Committee</b> P.O. Box 2008 Murfreesboro, TN 37033	<b>Bart Gordon, U.S. HOUSE 6th TN</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/08/97	500.00
<b>J.D. Hayworth for Congress</b> P.O. Box 9207 Mesa, AZ 85214	<b>J.D. Hayworth, U.S. HOUSE 6th AZ</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/15/97	1,000.00
<b>Hefley for Congress</b> 2110 Hollow Brook Drive Colorado Springs, CO 80918	<b>Joel Hefley, U.S. HOUSE 5th CO</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/08/97	500.00
<b>Friends of Jerry Kleczka</b> 3268 South 9th Street Milwaukee, WI 53215	<b>Gerald D. Kleczka, U.S. HOUSE 4th WI</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/08/97	500.00
<b>Elect Kucinich to Congress Committee</b> 10674 Lorain Avenue Cleveland, OH 44111	<b>Dennis J. Kucinich, U.S. HOUSE 10th OH</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/08/97	500.00
<b>Luther for Congress Volunteer Committee</b> 4009 Tenth Avenue North Anoka, MN 55303	<b>William P. "Bill" Luther, U.S. HOUSE 6th MN</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/08/97	500.00
<b>Maloney for Congress</b> 301 Main Street, Ste 300 Danbury, CT 06810	<b>Jim Maloney, U.S. HOUSE 5th CT</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/15/97	500.00
<b>Nancy Pelosi for Congress</b> 11th Floor 1 Bush St. San Francisco, CA 94104	<b>Nancy Pelosi, U.S. HOUSE 8th CA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/22/97	1,000.00
<b>Reyes Congressional Committee</b> 303 Texas El Paso, TX 79901	<b>Silvestre Reyes, U.S. HOUSE 16th TX</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/15/97	500.00

SUB TOTAL of Disbursements this page (Optional).....>	5,500.00
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
3	3
FOR LINE NUMBER	
23	

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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
Hoosiers for Tim Roemer P.O. Box 4400 South Bend, IN 46634	Tim Roemer, U.S. HOUSE 3rd IN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/15/97	1,000.00
Friends for Cliff Stearns P.O. Box 308 Silver Springs, FL 32688	Cliff Stearns, U.S. HOUSE 6th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/22/97	1,000.00
Ted Strickland for Congress P.O. Box 1492 Portsmouth, OH 45662	Ted Strickland, U.S. HOUSE 6th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/22/97	1,000.00
Committee To Re-Elect Ed Towns 368 Clinton Ave., Apt. 6R Brooklyn, NY 11238	Edolphus Towns, U.S. HOUSE 10th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/08/97	1,000.00
Friends of Dave Weldon 1602 William Road, NW Palm Bay, FL 32907	Dave Weldon, U.S. HOUSE 15th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/08/97	500.00
Wyden for Senate	Ron Wyden, U.S. SENATE OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/22/97	1,000.00
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) > 5,500.00

TOTAL this Period (Last page this line number only) > 22,500.00

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS

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

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 6-9-97
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT

*SES*  
PREPARER

6-11-97  
DATE PREPARED