

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEDERAL ELECTION  
COMMISSION  
MAY 1974

Oct 18 11 21 AM '95

1. NAME OF COMMITTEE (in full) <b>PODIATRY POLITICAL ACTION COMMITTEE</b>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9312 OLD GEORGETOWN ROAD	2. FEC IDENTIFICATION NUMBER C00008839
CITY, STATE and ZIP CODE BETHESDA, MD 20814-1621	3. <input checked="" type="checkbox"/> This committee qualified as a multi-candidate committee DURING THE REPORTING PERIOD (date) 1/20/95

### 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>3/1/95</u> through <u>5/30/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 112,536.88
(b) Cash on Hand at Beginning of Reporting Period	\$ 108,828.63	
(c) Total Receipts (from line 1B)	\$ 14,326.00	\$ 169,604.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 122,054.63	\$ 281,161.38
7. Total Disbursements (from Line 3C)	\$ 15,215.21	\$ 174,321.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 106,839.42	\$ 106,839.42
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For Information Only: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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: **10/20/95**

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

95030035

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE SOCIATRY POLITICAL ACTION COMMITTEE	REPORT COVERING PERIOD	
	FROM: 1/95	TO: 9/30/95
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	3,450.00	71,899.00
ii. Unitemized	8,701.00	90,593.00
iii. Total (add i and ii) 0	12,151.00	162,492.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) 0	12,151.00	162,492.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	1,875.00	6,112.50
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) 0	14,026.00	168,604.50
20. Total Federal Receipts (subtract line 18 from line 19) 0	14,026.00	168,604.50
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	365.21	3,971.96
c. Total Operating Expenditures (Add a i, a ii, and b) 0	365.21	3,971.96
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	14,500.00	170,000.00
24. Independent Expenditures (Use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	350.00	350.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) 0	350.00	350.00
29. Other Disbursements	-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) 0	15,215.21	174,321.96
31. Total Federal Disbursements (subtract line 21 a ii from line 30) 0	15,215.21	174,321.96
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	12,151.00	162,492.00
33. Total Contribution Refunds (from line 28d)	350.00	350.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,801.00	162,142.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) 0	365.21	3,971.96
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) 0	365.21	3,971.96

4  
5  
3  
0  
3  
5  
9

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **1** OF **3**  
FOR LINE NUMBER **11 n 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)

Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code <b>Joseph Kiefer DPM</b> 1901 N. Ninth Ave. Pensacola, FL 32503-4535</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>09/01/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>B. Full Name, Mailing Address and Zip Code <b>Edward Patrick Smith, Jr. DPM</b> 148 Park St. Springfield, VT 05156-3034</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>09/06/95</b></p>	<p>Amount of Each Receipt this Period <b>125.00</b></p>
<p>C. Full Name, Mailing Address and Zip Code <b>Richard E. Ehle DPM</b> 225 N. Main St., #105 Bristol, CT 06010-4922</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>	<p>Date (Month day, Year) <b>09/06/95</b></p>	<p>Amount of Each Receipt this Period <b>150.00</b></p>
<p>D. Full Name, Mailing Address and Zip Code <b>W. Steven Davis DPM</b> 10918 Kingston Pike Knoxville, TN 37922</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>09/06/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>E. Full Name, Mailing Address and Zip Code <b>Stephen Perimutter DPM</b> 535 Saybrook Rd. Middletown, CT 06457-4743</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>350.00</b></p>	<p>Date (Month day, Year) <b>09/06/95</b></p>	<p>Amount of Each Receipt this Period <b>350.00</b></p>
<p>F. Full Name, Mailing Address and Zip Code <b>James E. Stocker DPM</b> 3361 W. Greenway Rd., #3 Phoenix, AZ 85023-3806</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>09/06/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>G. Full Name, Mailing Address and Zip Code <b>David G. Sharnoff DPM</b> 9 Cots St. Shelton, CT 06484-3866</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>275.00</b></p>	<p>Date (Month day, Year) <b>09/06/95</b></p>	<p>Amount of Each Receipt this Period <b>275.00</b></p>
<p>SUB TOTAL of Receipts this Page (Optional).....&gt;</p>			<p><b>1,650.00</b></p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>			

5  
5  
5  
3  
3  
3  
3  
0  
0  
3  
3  
3  
0  
2

# SCHEDULE A

# ITEMIZED RECEIPTS

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

PAGE 2 OF 3  
FOR LINE NUMBER 11 a 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 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> <b>Martin Post DPM</b> <b>2210 S. MacDill Avenue</b> <b>Tampa, FL 33629-5917</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>09/08/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Kenneth E. Sokolowski DPM</b> <b>1177 Silas Deane Hwy.</b> <b>Wethersfield, CT 06109-4348</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>09/11/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>C. Full Name, Mailing Address and Zip Code</b> <b>James C. Graham DPM</b> <b>900 W. Temple St., Suite 207</b> <b>Elmhurst, IL 62401-2187</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>09/12/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Norman Field DPM</b> <b>520 Birkdale Dr.</b> <b>Fayetteville, GA 30214</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>09/12/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>350.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>E. Full Name, Mailing Address and Zip Code</b> <b>James G. Krantz DPM</b> <b>163 Platt Lane</b> <b>Milford, CT 06460</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>09/18/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Joseph C. D'Amico DPM</b> <b>333 W. 57th St.</b> <b>New York, NY 10019-3159</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>09/26/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Philip McKinney DPM</b> <b>2893 Oak St.</b> <b>Eugene, OR 97405-3694</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>09/27/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional) 1,750.00

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 3 OF 3

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

9 5 0 3 0 0 3 0 5 7

A. Full Name, Mailing Address and Zip Code Dennis R. Frisch DPM 30 S.E. Seventh St. Boca Raton, FL 33432-6134	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 09/30/95	Amount of Each Receipt this Period 50.00
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	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional)..... >	50.00
TOTAL this Period (Last page this line number only)..... >	3,450.00

**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

<p>A. Full Name, Mailing Address and Zip Code  <b>Smith Barney</b>                  280 Trumbull Street                  Hartford, CT 06103</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer                  Occupation  <b>Investment Firm</b></p> <p>Aggregate Year-to-date &gt; \$ <b>1,875. 00</b></p>	<p>Date (Month day, Year)  <b>09/30/95</b></p>	<p>Amount of Each Receipt this Period  <b>1,875. 00</b></p>
<p>B. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer                  Occupation</p> <p>Aggregate Year-to-date &gt; \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer                  Occupation</p> <p>Aggregate Year-to-date &gt; \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer                  Occupation</p> <p>Aggregate Year-to-date &gt; \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer                  Occupation</p> <p>Aggregate Year-to-date &gt; \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer                  Occupation</p> <p>Aggregate Year-to-date &gt; \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer                  Occupation</p> <p>Aggregate Year-to-date &gt; \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>SUBTOTAL of Receipts This Page (Optional).....</p>			<p><b>1,875. 00</b></p>
<p>TOTAL this Period (Last page this line number only).....</p>			<p><b>1,875. 00</b></p>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

NAME OF COMMITTEE (in Full)  
Podlatsy Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Smith Barney 280 Trumbull Street Hartford, CT 06103	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/30/95	365.21
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).....>			365.21
TOTAL this Period (Last page this line number only).....>			365.21

9  
:  
5  
:  
3  
:  
3  
:  
3  
:  
5  
:  
5  
:  
3

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
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 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	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Levin for Congress 30636 Dequindre Warren, MI 48092	Sander M. Levin, U.S. HOUSE 12th MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/04/95	1,000.00
Tammis for Joe Barton P.O. Box 1444 Ennis, TX 75120	Joe L. Barton, U.S. HOUSE 6th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/04/95	1,000.00
Louise Slaughter Re-Election Committee 10th Floor One Exchange St. Rochester, NY 14614	Louise Slaughter, U.S. HOUSE 28th NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/04/95	500.00
Porter for Congress Committee Suite 201 910 Skokie Blvd. Northbrook, IL 60062	Edward Porter, U.S. HOUSE 10th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/11/95	2,500.00
Friends for Houghton P.O. Box 1107 Corning, NY 14830	Amory Houghton, Jr., U.S. HOUSE 31st NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/11/95	1,000.00
Knollenberg for Congress Committee Suite 314-B 24901 Northwestern Southfield, MI 48075	Joseph K. Knollenberg, U.S. HOUSE 11th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/11/95	1,000.00
Friends of Farr Committee Suite 350 300 Capitol Mall Sacramento, CA 95814	Sam Farr, U.S. HOUSE 17th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/11/95	500.00
McCreary for Congress 1900 CNB Tower 33 Texas Street Shreveport, LA 71101	James O. McCreary, III, U.S. HOUSE 5th LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/95	1,000.00
John Lewis for Congress 1520 Pinehurst 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) 1996	09/18/95	500.00

SUB TOTAL of Disbursements this page (Optional).....>	9,000.00
TOTAL this Period (Last page this line number only).....>	

0  
5  
3  
3  
0  
5  
9



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	2	2
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
Friends of Dan Miller Suite 200 1111 Third Avenue Bradenton, FL 34205	Dan Miller, U.S. HOUSE 13th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/95	500.00
B. Full Name, Mailing Address and Zip Code Citizens for Tom Petri P.O. Box 270 Fond Du Lac, WI 54935	Thomas E. Petri, U.S. HOUSE 6th WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/18/95	500.00
C. Full Name, Mailing Address and Zip Code Is took for Congress Committee Suite 100 5400 N. Grand Blvd. Oklahoma City, OK 73112	Ernest J. Istook, U.S. HOUSE 5th OK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/25/95	500.00
D. Full Name, Mailing Address and Zip Code Stupak for Congress P.O. Box 143 Menominee, MI 49858	Bart T. Stupak, U.S. HOUSE 1st MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/25/95	1,000.00
E. Full Name, Mailing Address and Zip Code Frank Riggs for Congress P.O. Box 590 Windsor, CA 95492	Frank D. Riggs, U.S. HOUSE 1st CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/25/95	500.00
F. Full Name, Mailing Address and Zip Code Friends of Conrad Burns P.O. Box 3311 Billings, MT 59103	Conrad Burns, U.S. SENATE MT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1994	09/25/95	2,500.00
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).....>			14,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

(Use separate schedule(s) for each category of the Detailed Summary Page)	PAGE	OF
	1	1
FOR LINE NUMBER 28A		

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
Stephen M. Pribut, DPM #614 1721 I Street, N.W. Washington, DC 20006-3702	Non-PPAC Check Processed Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify)	09/15/95	250.00
B. Full Name, Mailing Address and Zip Code John S. Zechman, DPM 731 Washington Street Reading, PA 19601-3535	Non-PPAC Check Processed Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify)	9/11/95	\$100.00
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).....>			350.00
TOTAL this Period (Last page this line number only).....>			350.00

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

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

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

10/17/95

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

J.A.Q.  
PREPARER

10/18/95  
DATE PREPARED

95030034503