

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
JAN 19 1 04 PM '96

1. NAME OF COMMITTEE (in full) PODIATRY POLITICAL ACTION COMMITTEE	2. FEC IDENTIFICATION NUMBER C00008839
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 5312 OLD GEORGETOWN ROAD	3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING the Reporting Period 1/20/95 (date)
CITY, STATE and ZIP CODE BETHESDA, MD 20814-1621	

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

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SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>12/1/95</u> through <u>12/31/95</u>		
6. (a) Cash on Hand January 1, <u>1995</u>		\$ 112,556.83
(b) Cash on Hand at Beginning of Reporting Period	\$ 91,952.16	
(c) Total Receipts (from line 19)	\$ 8,295.00	\$ 199,168.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 100,247.16	\$ 311,725.38
7. Total Disbursements (from Line 30)	\$ 26,676.48	\$ 218,154.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 73,570.68	\$ 73,570.68
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

For further information contact:
 Federal Election Commission
 999 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-219-3420

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: 1/20/96

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 1/1/94)

NAME OF COMMITTEE ECONOMY POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM: 2/1/95 TO: 12/31/95	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		4,049.00	84,849.00
ii. Unitemized		4,246.00	108,344.50
iii. Total (add i and ii) <input checked="" type="checkbox"/>		8,295.00	190,693.50
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) <input checked="" type="checkbox"/>		8,295.00	190,693.50
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.)		-0-	8,475.00
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) <input checked="" type="checkbox"/>		8,295.00	199,168.50
20. Total Federal Receipts (subtract line 18 from line 19) <input checked="" type="checkbox"/>		8,295.00	199,168.50
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		421.47	5,049.69
c. Total Operating Expenditures (Add a i, a ii, and b) <input checked="" type="checkbox"/>		421.47	5,049.69
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		26,255.01	232,755.01
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(c)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		-0-	350.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (Add a, b and c) <input checked="" type="checkbox"/>		-0-	350.00
29. Other Disbursements		-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) <input checked="" type="checkbox"/>		26,676.48	238,154.70
31. Total Federal Disbursements (subtract line 21 a ii from line 30) <input checked="" type="checkbox"/>		26,676.48	238,154.70
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		8,295.00	190,693.50
33. Total Contribution Refunds (from line 28d)		-0-	350.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		8,295.00	190,343.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) <input checked="" type="checkbox"/>		421.47	5,049.69
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) <input checked="" type="checkbox"/>		421.47	5,049.69

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 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

A. Full Name, Mailing Address and Zip Code Craig Schein DPM 1611 W. 53rd Ave. Bradenton, FL 34207-2868	Name of Employer Self-Employed	Date (Month day, Year) 12/04/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Wayne D. Marchand DPM 48 Auburn St. Auburn, MA 01501-2438	Name of Employer Self-Employed	Date (Month day, Year) 12/11/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Steven B. Schatz DPM 1114 Broadway Longview, WA 98632-2949	Name of Employer Self-Employed	Date (Month day, Year) 12/11/95	Amount of Each Receipt this Period 100.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 303.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code John R. Helser DPM 4732 S.W. 76 Terrace Gainesville, FL 32608	Name of Employer Self-Employed	Date (Month day, Year) 12/12/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Peter A. McKenna DPM 5713 Odana Road, #7 Madison, WI 53719-1349	Name of Employer Self-Employed	Date (Month day, Year) 12/12/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Chris A. Klimowich DPM 1435 S.E. 8th Terrace, Ste E Cape Coral, FL 33990-3289	Name of Employer Self-Employed	Date (Month day, Year) 12/12/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code Zachary L. Chatter DPM Physicians Pavilion West 6569 N. Charles St., Suite 702 Baltimore, MD 21204-6819	Name of Employer Self-Employed	Date (Month day, Year) 12/12/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SLB TOTAL of Receipts This Page (Optional)..... > 1,600.00

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

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A. Full Name, Mailing Address and Zip Code Donald G. Hovansek DPM 2828 Martin Way Olympia, WA 98506-4946	Name of Employer Self-Employed	Date (Month day, Year) 12/15/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Christopher Lamy DPM P.O. Box 61784 Vancouver, WA 98682-6432	Name of Employer Self-Employed	Date (Month day, Year) 12/18/95	Amount of Each Receipt this Period 99.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 249.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Charles M. Carton DPM 6230 W. Capitol Dr. Milwaukee, WI 53216-2122	Name of Employer Self-Employed	Date (Month day, Year) 12/21/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Gerald D. Peterson DPM 16239 S.E. McLoughlin Blvd. Suite 204 Milwaukie, OR 97267-4654	Name of Employer Self-Employed	Date (Month day, Year) 12/27/95	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Samuel F. Thomas DPM 1208 Hobbs Road Greensboro, NC 27410	Name of Employer Self-Employed	Date (Month day, Year) 12/27/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Michael W. Ward DPM 2020 JFK Rd., #B Dubuque, IA 52002-3807	Name of Employer Self-Employed	Date (Month day, Year) 12/27/95	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code William J. McCormack DPM 3003 Cardinal Dr. Vero Beach, FL 32963-1980	Name of Employer Self-Employed	Date (Month day, Year) 12/28/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 449.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	1,699.00
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	OP
3	3
FOR LINE NUMBER	
11 of 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
Clinton Clark DPM 40 Aulike St., Suite 217 Kailua, HI 96734-2742	Self-Employed	12/29/95	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
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Kent L. Magrini DPM 302 Brownwood Estates Ft. Smith, AR 72903-3600	Self-Employed	12/29/95	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	

SUB TOTAL of Receipts This Page (Optional)	750.00
TOTAL this Period (Last page this line number only)	4,049.00

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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

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A. Full Name, Mailing Address and Zip Code Smith Barney 280 Trumbull Street Hartford, CT 06103	Purpose of Disbursement Interest Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 12/31/95	Amount of Each Disb. this Period 421.47
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).....>	421.47
TOTAL this Period (Last page this line number only).....>	421.47

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
Rangel for Congress 850 7th Avenue, #701 New York, NY 10019	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/01/95	-1,000.00
B. Full Name, Mailing Address and Zip Code Democratic Senatorial Campaign Committee 430 S. Capitol Street Washington, DC 20003	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1995	12/05/95	5,000.00
C. Full Name, Mailing Address and Zip Code Levin for Congress 30636 Dequindre Warren, MI 48092	Purpose of Disbursement Sander M. Levin, U.S. HOUSE 12th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/05/95	500.00
D. Full Name, Mailing Address and Zip Code Peter Deutsch for Congress P.O. Box 26678 Tamarac, FL 33320	Purpose of Disbursement Peter Deutsch, U.S. HOUSE 20th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/05/95	500.00
E. Full Name, Mailing Address and Zip Code Friends of Tom Sawyer 1540 W. Market Street Suite 201 Akron, OH 44313	Purpose of Disbursement Tom Sawyer, HOUSE 14th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/05/95	500.00
F. Full Name, Mailing Address and Zip Code People for Ganske 5907 Grand Avenue Des Moines, IA 50312	Purpose of Disbursement Greg Ganske, U.S. HOUSE 4th IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/05/95	500.00
G. Full Name, Mailing Address and Zip Code Friends of Jim Inhofe 1924 S. Utica Suite 520 Tulsa, OK 74104	Purpose of Disbursement James M. Inhofe, U.S. SENATE OK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/05/95	1,000.00
H. Full Name, Mailing Address and Zip Code Talent For U.S. Congress 1031 Executive Pkwy, Ste 100 St. Louis, MO 63141	Purpose of Disbursement James M. Talent, U.S. HOUSE 2nd MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/05/95	500.00
I. Full Name, Mailing Address and Zip Code National Republican Congressional Committee 320 First Street, S.E., 2nd Floor Washington, DC 20003	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1995	12/06/95	5,000.00
SUB TOTAL of Disbursements this page (Optional).....>			12,500.00
TOTAL this Period (Last page this line number only).....>			

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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
Republican Senatorial Campaign Committee 320 First St., S.E., 2nd Fl Washington, DC 20003	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1995	12/05/95	5,000.00
B. Full Name, Mailing Address and Zip Code Democratic Congressional Campaign Committee 430 S. Capitol Street Washington, DC 20003	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1995	12/05/95	5,000.00
C. Full Name, Mailing Address and Zip Code Frank Tejeda for Congress 1313 SE Military Dr. Ste. 115 San Antonio, TX 78214	Purpose of Disbursement Frank Tejeda, HOUSE 28th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 12/11/95	Amount of Each Disb. this Period 500.00
D. Full Name, Mailing Address and Zip Code Burr for Congress P.O. Box 5732 Winston-Salem, NC 27113	Purpose of Disbursement Max Baucus, U.S. SENATE MT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 12/11/95	Amount of Each Disb. this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Purpose of Disbursement Sherrod C. Brown, U.S. HOUSE 13th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 12/11/95	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Friends of Max Baucus Box 586 Helena, MT 59624	Purpose of Disbursement Max Baucus, U.S. SENATE MT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 12/11/95	Amount of Each Disb. this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Ben Cardin for Congress 20 S. Charles Street 10th Floor Baltimore, MD 21201	Purpose of Disbursement Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 12/19/95	Amount of Each Disb. this Period 1,000.00
H. Full Name, Mailing Address and Zip Code Ben Cardin for Congress 20 S. Charles Street 10th Floor Baltimore, MD 21201	Purpose of Disbursement Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 12/19/95	Amount of Each Disb. this Period -1,000.00
I. Full Name, Mailing Address and Zip Code Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Purpose of Disbursement Sherrod C. Brown, U.S. HOUSE 13th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 12/19/95	Amount of Each Disb. this Period 255.01 (In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>	13,755.01
TOTAL, this Period (Last page this line number only).....>	26,255.01

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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

1-16-96

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

SLB
PREPARER

1-19-96
DATE PREPARED

2 0 3 0 1 5 3 6 0 2