

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

DEC 15 9 15 AM '95

1. NAME OF COMMITTEE (in full) PODIATRY POLITICAL ACTION COMMITTEE	2. FEC IDENTIFICATION NUMBER C00006833
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9312 OLD GEORGETOWN ROAD	3. <input checked="" type="checkbox"/> This committee qualified as a multibandidate committee DURING the period from 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:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input checked="" type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> 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>11/1/95</u> through <u>11/30/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		
(b) Cash on Hand at Beginning of Reporting Period	\$ 90,956.98	
(c) Total Receipts (from line 19)	\$ 10,237.00	\$ 190,873.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 101,193.98	\$ 303,430.38
7. Total Disbursements (from Line 30)	\$ 9,241.82	\$ 211,478.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 91,952.16	\$ 91,952.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For information contact Federal Election Commission 999 E Street, NW Washington, DC 20483 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	Date 12/20/95
Signature of Treasurer 	

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Florence D. Turai DPM Cedarbrook Bldg. Taunton Blvd. & Tuckerton Rd. Medford, NJ 08055-9204	Self-Employed Occupation Podiatrist	11/01/95	251.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		251.00
Edwin A. Clark DPM 1417 W. Sixth St. Little Rock, AR 72201-2901	Self-Employed Occupation Podiatrist	11/02/95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
Kevin J. Salvino DPM 23 W. Chicago Ave. Hinsdale, IL 60521-3401	Self-Employed Occupation Podiatrist	11/02/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Phillip E. Ward DPM 1901 N. Poplar St., #D Aberdeen, NC 28315-3311	Self-Employed Occupation Podiatrist	11/02/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
Gregory A. Worley DPM 808 Scott Blvd. Covington, KY 41011-2437	Self-Employed Occupation Podiatrist	11/02/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Dennis E. Martin DPM 9313 Medical Plaza Dr., #304 North Charleston, SC 29406-9155	Self-Employed Occupation Podiatrist	11/02/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Patrick J. Evoy DPM 2408 N.E. Division St., #100 Bend, OR 97701-3543	Self-Employed Occupation Podiatrist	11/06/95	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		350.00

SUB TOTAL of Receipts This Page (Optional).....>	2,101.00
TOTAL this Period (Last page this line number only).....>	

9503010369

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11 B 1

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Albert R. Brown DPM 5714 Gurva Dr. Tamarac, FL 33319-3018</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 11/06/95</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Allen K. Ralch DPM 920 Estate Rd., #1 Memphis, TN 38119-3608</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 11/06/95</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Terry Nayfu DPM 3726 N.W. 50th St. Oklahoma City, OK 73112-2554</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 11/06/95</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code James W. Zweig DPM 917 6th Ave., S.E. Decatur, AL 35601</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 11/06/95</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Lyndon G. Johanson DPM 10101 S.E. Main, Suite 2014 Portland, OR 97216</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 11/13/95</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Norman Kornblatt DPM 3350 Valley Vista Road Atlanta, GA 30080</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 11/13/95</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>G. Full Name, Mailing Address and Zip Code Gregory A. Burns DPM 215 W. 29th, #B Kearney, NE 68847-3430</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 11/14/95</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUB TOTAL of Receipts This Page (Optional) > **1,650.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code H. Scott Famy DPM 2499 E. North St. Ext. Greenville, SC 29615-1401</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Greenville Foot Health</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 11/15/95</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Gene J. Posateri DPM 162 Shorehaven Dr. Youngstown, OH 44512</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 11/20/95</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code James S. Tavorario DPM 1457 Central Pkwy., S.E. Warren, OH 44484-4458</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 300.00</p>	<p>Date (Month day, Year) 11/27/95</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>D. Full Name, Mailing Address and Zip Code Dennis A. DiMatteo DPM 224 Taunton Ave. East Providence, RI 02914-3731</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 500.00</p>	<p>Date (Month day, Year) 11/30/95</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code James E. Stocker DPM 5620 W. Thunderbird Rd, G2 Glendale, AZ 85306</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date > \$ 500.00</p>	<p>Date (Month day, Year) 11/30/95</p>	<p>Amount of Each Receipt this Period 250.00</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</p> <p>Occupation</p> <p>Aggregate Year-to-date > \$</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</p> <p>Occupation</p> <p>Aggregate Year-to-date > \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>

SUB TOTAL of Receipts This Page (Optional).....>	1,300.00
TOTAL this Period (Last page this line number only).....>	5,051.00

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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 Smith Barney 280 Trumbull Street Hartford, CT 06103	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period 1,575. 00
	Occupation Investment Firm	11/30/95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 8,475. 00		
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).....>	1,575. 00
TOTAL this Period (Last page this line number only).....>	1,575. 00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
1	1
FOR LINE NUMBER	
21B	

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
Smith Barney 280 Trumbull Street Hartford, CT 06103	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/30/95	241.82
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
J. 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).....>	241.82
TOTAL this Period (Last page this line number only).....>	241.82

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	2
FOR LINE NUMBER		
23		

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NAME OF COMMITTEE (in Full)
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Bob Kustra for U.S. Senate 839 W. Higgins Road Schaumburg, IL 60195</p>	<p>Purpose of Disbursement Bob Kustra, U.S. SENATE IL</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 11/08/95</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Friends of Senator Rockefeller Suite 300 245 Second Street, NE Washington, DC 20002</p>	<p>Purpose of Disbursement John D. Rockefeller, U.S. SENATE WV</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 11/08/95</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Luther for Congress Volunteer Committee 4009 Tenth Avenue North Anoka, MN 55303</p>	<p>Purpose of Disbursement William P. Luther, U.S. HOUSE 6th MN</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 11/08/95</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Scott Klug for Congress, Inc. P.O. Box 5619 Madison, WI 53705</p>	<p>Purpose of Disbursement Scott L. Klug, U.S. HOUSE 2nd WI</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 11/08/95</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Scotty Baesler for Congress Suite A100 2365 Harrodsburg Rd. Lexington, KY 40504</p>	<p>Purpose of Disbursement Henry Scott Baesler, U.S. HOUSE 6th KY</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 11/08/95</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Thurman for Congress P.O. Box 5058 Inverness, FL 34450</p>	<p>Purpose of Disbursement Karen L. Thurman, U.S. HOUSE 5th FL</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 11/08/95</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Friends of Roy Blunt P.O. Box 278 Strafford, MO 65757</p>	<p>Purpose of Disbursement Roy Blunt, U.S. HOUSE 7th MO</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 11/08/95</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>H. Full Name, Mailing Address and Zip Code Randy Tate for Congress Committee P.O. Box 4216 Federal Way, WA 98063</p>	<p>Purpose of Disbursement Randall J. Tate, U.S. HOUSE 9th WA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 11/14/95</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>I. Full Name, Mailing Address and Zip Code Friends of Ros DeLauro 49 Huntington Street New Haven, CT 06511</p>	<p>Purpose of Disbursement Rosa DeLauro, U.S. HOUSE 3rd CT</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 11/14/95</p>	<p>Amount of Each Disb. this Period 500.00</p>

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
	2	2
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
Friends of Sherrrod Brown 111 Edgefield Drive Elyria, OH 44035	Sherrrod C. Brown, U.S. HOUSE 13th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	11/14/95	1,000.00
Helms For Senate 333 Fayetteville St. Mall Suite 305 Raleigh, NC 27602	Jesse A. Helms, U.S. SENATE NC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	11/27/95	1,000.00
Rangel for Congress 850 7th Avenue, #701 New York, NY 10019	Charles B. Rangel, U.S. HOUSE 15th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	11/27/95	1,000.00
Friends of Jerry Kleczka 3268 South 9th Street Milwaukee, WI 53215	Gerald Kleczka, U.S. HOUSE 4th WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	11/27/95	500.00
SUB TOTAL of Disbursements this page (Optional)			3,500.00
TOTAL this Period (Last page this line number only)			9,000.00

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

12-13-95

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

SES
PREPARER

12-15-95
DATE PREPARED